The Private Sector Mobilization for Family Planning Project

Second Annual Work Plan
October 1, 2005 – December 31, 2006

Submitted by:

Chemonics International Inc.

With Subcontractors:

EngenderHealth
The Manoff Group
EMI Systems
Philippine Business for Social Progress
Philippine NGO Council for Population, Health and Welfare
Institute for Reproductive Health Philippines

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ACRONYMS

AO	Administrative Order
APMIC	Association of Private Midwives in Cebu
APMID	Association of Private Midwives in Davao
APS	Annual Program Statement
BCC	Behavior Change Communication
BEST	Business Enhancement Support and Training
BFAD	Bureau of Food and Drugs
BHWs	Barangay Health Workers
BoH	Banking on Health
CAs	Cooperating Agencies
CBAs	Collective Bargaining Agreements
CEOs	Chief Executive Officers
CHD	Center for Health Development
CME	Continuing Medical Education
CMS	Commercial Market Strategies
CPR	Contraceptive Prevalence Rate
CSA	Customer Service Assessment
CSR	Contraceptive Self-reliance
DHS	Demographic and Health Survey
DO	Department Order
DOH	Department of Health
DOLE	Department of Labor and Employment
DSAP	Drugstore Association of the Philippines
EBC	Evidence-based Counseling
EBD	Evidence-based Detailing
ECOP	Employers Confederation of the Philippines
EPZ	Economic Processing Zone
F&A	Finance and Administration
FIDO	Focused Information Dissemination/Outreach
FP	Family Planning
FPS	Family Planning Survey
GDA	Global Development Alliance

GOP	Government of the Philippines
HHRDB	Health Human Resources Development Bureau
HIC	Health Insurance Company
HMIS	Health Management Information System
HMO	Health Maintenance Organization
HR	Human Resources
HRM	Human Resources Manager
IMAP	Integrated Midwives Association of the Philippines
IMS	International Medical Statistics
IRH	Institute for Reproductive Health
IRHP	Institute for Reproductive Health Philippines
IUDs	Intrauterine Devices
IR	Intermediate Result
LCE	Local Chief Executives
LGUs	Local Government Units
MABS	Microenterprise Access to Banking Services
M&E	Monitoring and Evaluation
MFPI	Midwives Foundation of the Philippines, Inc.
MME	Monitoring, Management, and Evaluation
MOUs	Memoranda of Understanding
MWAs	Midwives Associations
NCDPC	National Center for Disease Prevention and Control
NCR	National Capital Region
NGO	Non-Government Organization
OCs	Oral Contraceptives
OHNAP	Occupational Health Nurses Association of the Philippines
PAFP	Philippine Academy of Family Physicians
PBSP	Philippine Business for Social Progress
PCCI	Philippine Chamber of Commerce and Industry
PCOM	Philippine College of Occupational Medicine
PFPMP	Philippine Federation of Private Medical Practitioners
PHIC	Philippine Health Insurance Corporation
PIU	Policy and Information Unit
PLGPMI	Philippine League of Government and Private Midwives, Inc.

PMAP	Personnel Management Association of the Philippines
PMP	Performance Monitoring Plan
PNDF	Philippine National Drug Formulary
PNGOC	Philippine Non-Government Organizations Council on Population, Health and Welfare Inc.
POPCOM	Commission on Population
PRISM	The Private Sector Mobilization for Family Planning
PSAU	Project Support and Administration Unit
QI&A	Quality Improvement and Assurance
RBAP	Rural Bankers Association of the Philippines
RFAs	Requests for Applications
RTDs	Roundtable Discussions
SDM	Standard Days Method
STTA	Short-term Technical Assistance
SIAs	Strategic Intervention Areas
SIP	Strategic Intervention Plan
SMEs	Small and Medium Enterprises
SO3	Strategic Objective 3
TNA	Training Needs Assessment
TOT	Training of Trainers
TRG	Technical Resources Group
TSAP-FP	The Social Acceptance Project – Family Planning
TWG	Technical Working Group
USAID	United States Agency for International Development
VSS	Voluntary Surgical Services
WPFP	Workplace Family Planning
WRA	Women of Reproductive Age

Section A. Overview

At 2.36 percent, the population growth rate in the Philippines is a serious drag on economic development. A main contributor to population growth is the relatively low prevalence of contraceptive use. About 67 percent of the family planning (FP) commodities and services distributed in the Philippines have been provided by the public sector free of charge (FPS 2004). Until recently, donors led by USAID have supplied the bulk of the contraceptive commodities distributed through public sector channels. However, the FPS 2004 indicated that a full 60 percent of non-poor modern method family planning users obtain their method from free, public sector sources. In an effort to counter dependency on donor support for the national family planning program and to develop contraceptive sustainability in the Philippines, USAID is seeking to shift those clients with the ability to pay for their own contraceptives to the private sector market.

In addition to shifting users from the public to the private sector, there is unmet need for family planning services in the Philippines, particularly among women in the work force. Many of these potential clients also appear to have the ability and willingness to pay for contraceptives if they can be enticed into the market. As the family planning market shifts from the public to the private sector, the segment of the population with unmet needs comprises a large potential market for the commercial sector to tap.

The Private Sector Mobilization for Family Planning (PRISM) project offers a unique challenge in its mix of private sector-oriented business priorities and its socially oriented family planning imperatives. PRISM serves as a market-driven catalyst focused on building a new, sustainable private sector market for contraceptive products that matches economic imperatives with social goals.

A1. PRISM's Guiding Themes for Implementation

During the initial outreach and strategic discussions with a wide range of project stakeholders at the beginning of the project, we identified four overarching themes that will guide all project interventions during project implementation. These four themes will continue to guide project implementation during Year 2.

Theme #1: PRISM seeks to build a healthy, competitive market. Building and increasing market competitiveness is at the core of our work to build a commercial market for contraceptive products and services. Healthy market competition should:

- Keep prices affordable without sacrificing quality among suppliers, distribution outlets, and service providers.
- Increase and improve product development, innovation, market segmentation, product branding, and customer service.
- Provide contraceptive users with more choices, meeting market demand more effectively.
- Spur expansion and growth of private sector FP services and improve the quality of private sector services.

Theme #2: No free lunch. PRISM is programming significant resources as we identify targets of opportunity to build the private sector FP market. These resources are used to involve partners through subcontracting and through our PRISM Grants Program. In all cases, project resources are being leveraged—requiring cost-sharing by partners—to ensure the full buy-in of partners at every level during strategy-building and implementation stages and not just at the check-writing stage. In

line with the precepts of USAID's Global Development Alliance (GDA) initiative, which seeks to leverage significant and new involvement in sustainable development efforts, PRISM has forged business-oriented partnerships and agreements in which both PRISM and its partners bring resources to the table.

Theme #3: "Profit" is not a dirty word. While some of PRISM's early efforts have included a higher level of USAID funds to jump-start efforts, the eventual goal of every initiative in this private sector, economically oriented project is full cost recovery and partner involvement. Without full cost recovery, there will be no sustainability and no way that partners can maintain the activities after PRISM has ended. The initiatives will die as soon as PRISM funding ends. In fact, as we engage private sector firms and associations in market development, cost recovery is not always enough to engage or sustain their attention. In these cases, the end result must be a profit. Where full cost recovery is not the starting point, such as for our *BEST* for Midwives program, PRISM is working with partner organizations to put in place a sustainability plan with a clear exit strategy for PRISM.

Theme #4: Work Through, Don't Do. The PRISM team is ensuring the project's sustainability by working through local institutions wherever possible. After the first year of project operation, this strategy already is resulting in a high level of involvement, buy-in, and ownership of a wide variety of institutions, businesses, and associations. The interventions PRISM initiates with Filipino partners capitalize on their business networks and their influence on policy, including implementation at the national and local levels. The end result is a "Filipino to Filipino" approach that should result in sustainable family planning services and market systems installed and operating in Filipino institutions.

A2. PRISM Results Framework

The PRISM results framework (see chart) illustrates how PRISM supports USAID/Manila's Strategic Objective 3 (SO3): "Desired family size and improved health sustainably achieved." The project falls under Intermediate Result 2 (IR 2): "Provision of quality services by private and commercial providers expanded." It directly supports increasing the number of commercial sector providers (sub-IR 2.1), improving the quality of family planning service provision (sub-IR 2.2), and increasing sales of unsubsidized contraceptives (sub-IR 2.3).

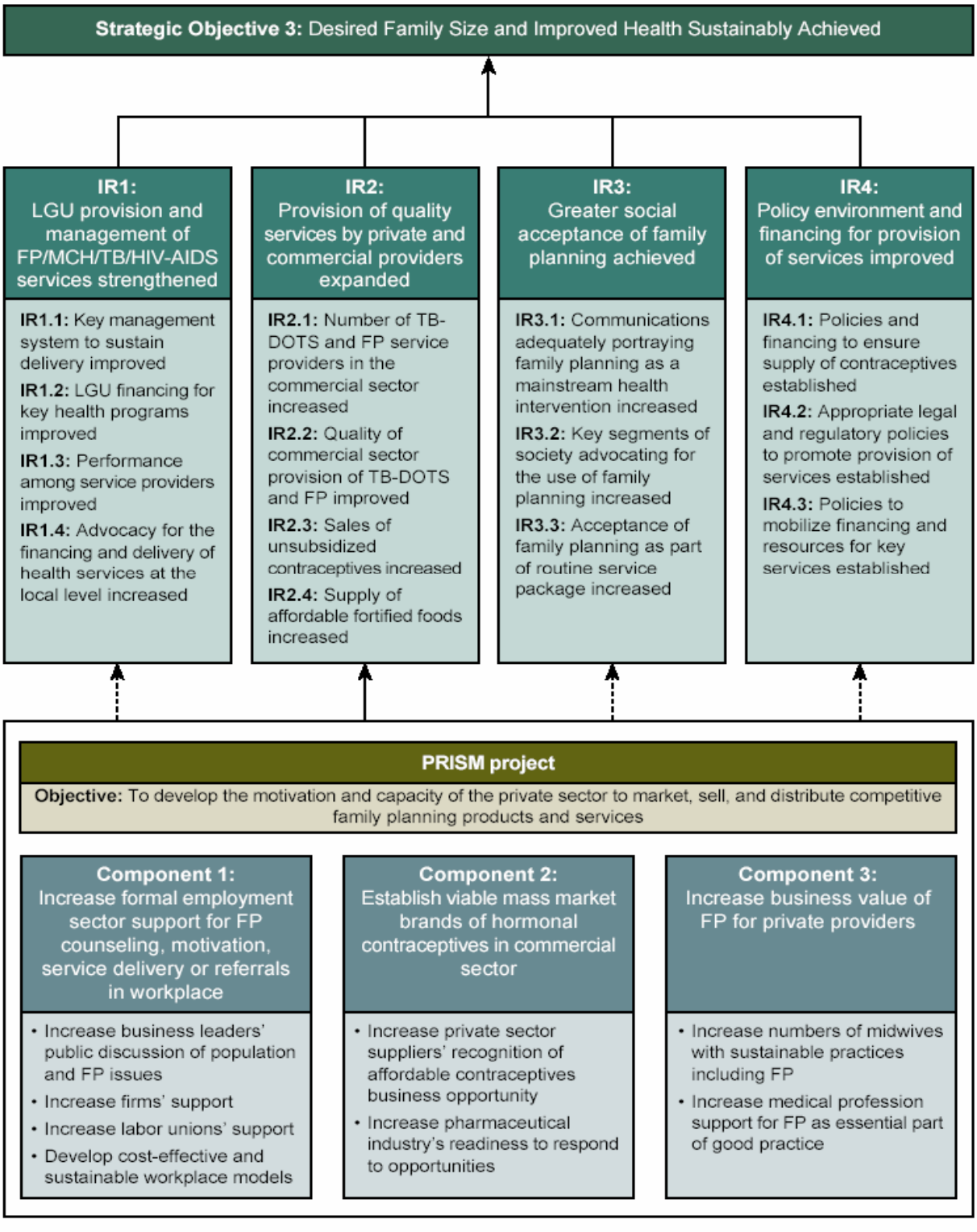
While the project is the main activity for achieving IR 2, PRISM directly supports IR 1, "LGU provision and management of FP/MCH/TB/HIV-AIDS services strengthened," through the market linkages that will be forged between local government units (LGUs) and private sector contraceptive suppliers, and through linkages with those LGUs interested in serving as distribution outlets for contraceptives on a cost-recovery or revenue-earning basis.

PRISM also feeds into IR 3, "Greater social acceptance of family planning achieved," and IR 4, "Policy environment and financing for provision of services improved."

IRs 1, 3, and 4 are also supported by the LEAD project (supporting LGUs in health services) and the TSAP-FP project (creating an enabling environment for family planning through communication). Progress is measured internally and through the annual family planning survey and the national demographic and health survey (DHS), which is done every five years. The Well-Family Midwives Clinics and the FriendlyCare Foundation are two Filipino private provider organizations built by USAID to promote its health objectives, with another USAID partner, DKT, providing direct support to market development under Component 2 of PRISM.

PRISM is achieving these intermediate results by providing three sources for family planning services: the workplace, the commercial sector, and private practitioners (sub-IRs 2.1, 2.2, and 2.3, respectively). We are helping each source identify and meet demand, improve customer access to products and services, and expand and improve the quality of available services. USAID's outcome indicator targets are incorporated into the results framework and will later be carefully integrated into the performance monitoring plan (PMP). During the preparation of the original proposal last year, we analyzed actual sales from International Medical Statistics (IMS) and DKT for 2003, noting that the projections for public and private sector provision for that year were not realized. Nonetheless, our approach to PRISM is allowing us to work with partners to meet USAID's overall targets in support of the DOH's contraceptive self-reliance (CSR) strategy.

PRISM Results Framework



A3. Project Organization

The project is divided into three major technical components, as well as three other units: the strategic planning unit, the field operations unit (which together make up the project implementation unit), and a project support and administration unit (PSAU). The project's organization went through many adjustments in the first year and will likely continue to be adjusted during the course of Year 2. We believe a responsive and adaptive organizational set-up is the best way to address the challenges of mobilizing the private sector to provide products and services for family planning in the Philippines.

Component 1 focuses on the workplace. In order to increase the formal employment sector's involvement in FP, PRISM is promoting workplace support for and provision of FP services by working with business associations and directly with interested companies to install a workplace-based FP program. PRISM also is engaging labor unions and encouraging them to lobby management to provide services and to disseminate FP information.

Component 2 centers on market development to establish viable commercial, mass-market hormonal contraceptive brands. The project is supporting the introduction of new low- and medium-priced but largely self-sustaining brands by pharmaceutical companies and their distribution companies. PRISM is also assisting with research on consumer behavior and preferences, marketing of FP products and services, and working with the Department of Health (DOH) to speed product registration and create a supportive enabling environment for the market.

***Component 3 seeks to increase the value and volume of FP products and services offered by private providers*.** Activities under this component emphasize helping providers develop sustainable practices that include FP, with a key focus on training midwives as FP counselors and retailers through the *BEST for Midwives* FP certification program. In partnership with the DOH and through the PRISM grants program, private practitioners are provided with training and materials, connections to suppliers, marketing support, and operational resources to expand and improve their FP services.

***Component 4, cross-cutting activities, includes three units*:** the Strategic Planning Unit, the Field Operations Unit and the Project Support and Administration Unit. Each is described below..
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The Strategic Planning Unit. To allow for a more focused approach on project planning and monitoring, a separate group consisting of the three technical component directors and a pool of technical specialists, are organized into a *Strategic Planning Unit,* tasked to lead strategic planning, national programs, and develop project tools and products. This unit is responsible for providing technical direction to the operations unit through the crafting of effective strategies to facilitate the achievement of component benchmarks and objectives. These strategies, which are national in scope, will provide field personnel with the broad strokes on how to implement component activities in their respective areas. To ensure successful implementation of project strategies across SIAs, the technical directors will closely coordinate with the senior field operations director and all three regional directors to get regular updates/feedback from the field. The technical specialists in the unit provide support to each of the technical components and also take the lead on specific cross-cutting project initiatives in their respective technical areas. The areas of specialization include behavior change communication (BCC), outreach, communications, training (health and business), quality improvement and assurance (QI&A), the public sectors, health finance, policy, monitoring and evaluation and health information management.

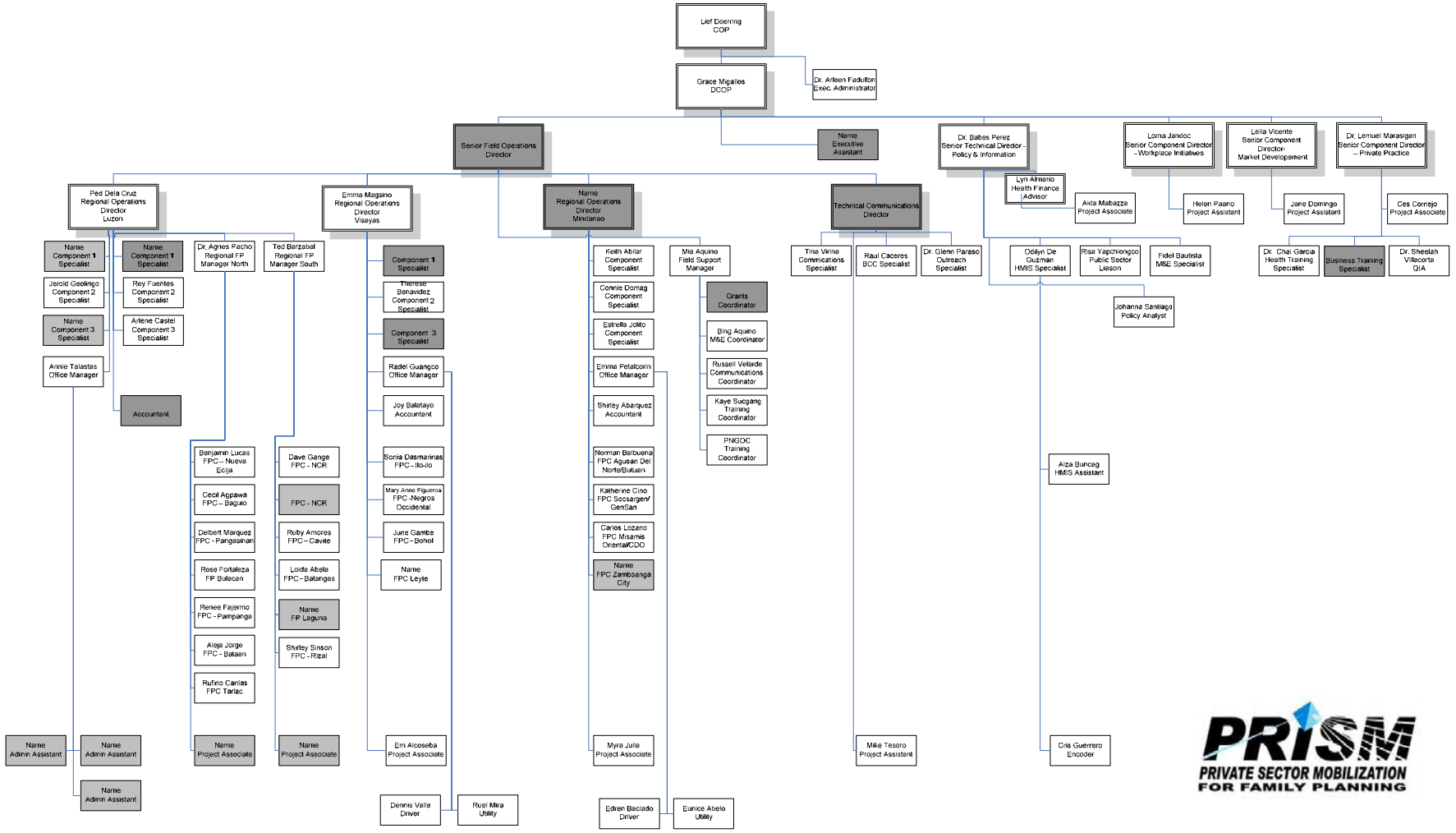
The Field Operations Unit. With the project organization now structured to delineate planning and implementation functions, a Field Operations Unit was created to take charge of general field operations. These include identifying and engaging partners, implementing technical assistance (TA) and training activities in strategic intervention areas (SIAs) and making sure that these activities serve PRISM's objectives.

On top of the Field Operations Unit is the Senior Field Operations Director responsible for overseeing the implementation process in the field and ensuring unimpeded flow of support needed by Regional Operations Directors. Under the supervision of the Regional Operations Directors are the specialists from the three components and a number of support staff, with the exception of Luzon which was divided into two sub-regions (North and South) due to its large geographic spread and significantly greater number of stakeholders. Aside from having a separate set of component specialists for North and South Luzon, there are also two Regional FP Managers for North and South that are under the supervision of the Luzon Regional Operations Director. The Regional FP managers for Luzon and the Regional Directors for Visayas and Mindanao serve as the immediate supervisors of the FP Coordinators in each of the SIAs, with the Component Specialists performing program development functions, providing technical inputs and exercising oversight in field operations. The FP Coordinators, who are PRISM's representatives in the SIAs, initiate, organize and integrate activities of the three components in close coordination with the Component Specialists.

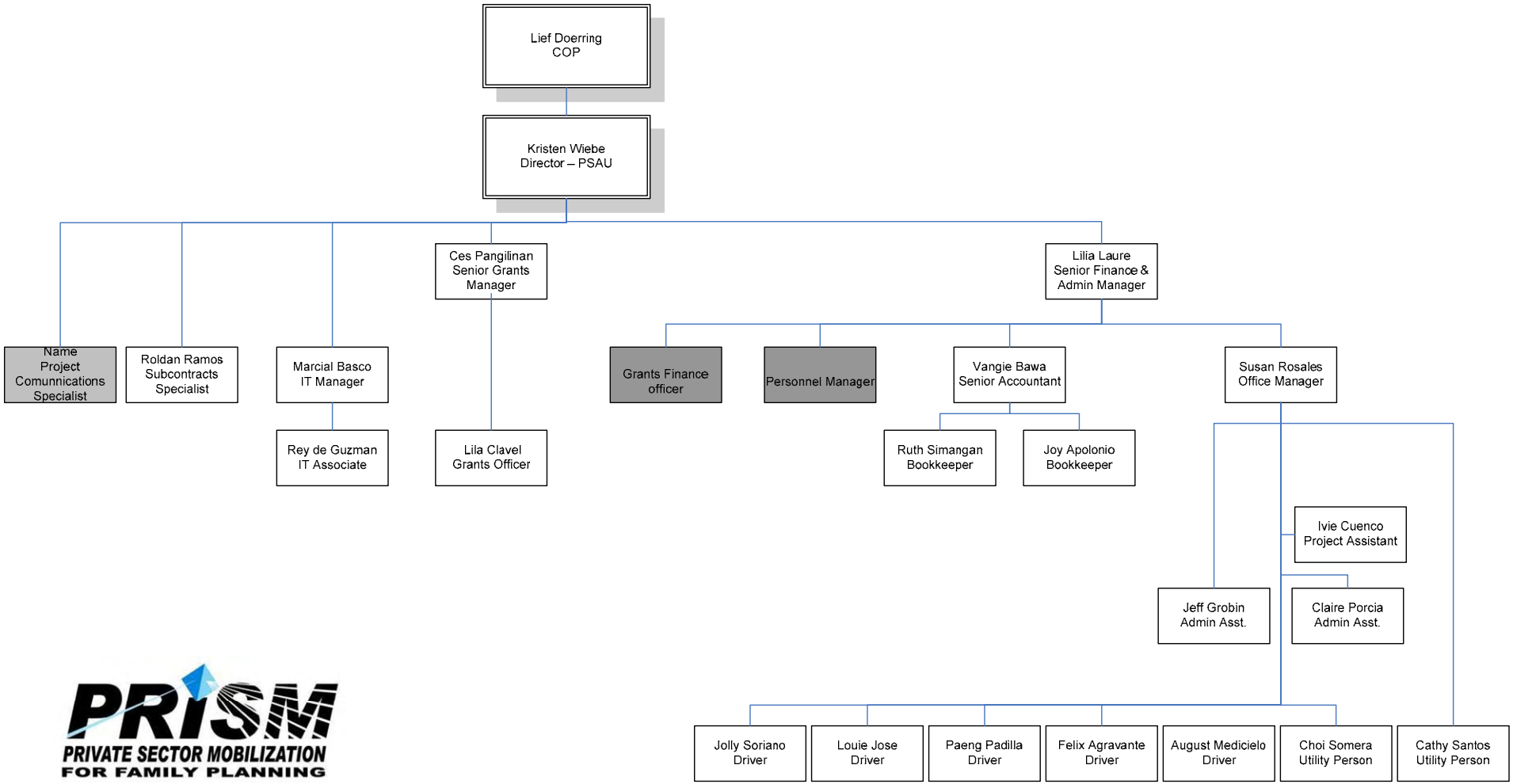
While synergy among the three components is the responsibility of the Regional Operations Director (and, to some extent, the Regional FP Managers for Luzon), the vital inputs of the Component Specialists in achieving this is recognized. Support for field operations will be provided by the Strategic Planning Unit and the Field Support team. The Field Support team which manages support to field operations, including resource coordination and standardization of tools and reporting across SIAs, is headed by a Field Support Manager who supervises the coordinators for four key areas, namely: 1) grants; 2) monitoring and evaluation (M&E); 3) training ; and, 4) communications.

The Project Support and Administration Unit (PSAU). PRISM has systems and procedures to manage project implementation support functions such as subcontracts management, grants management, project communications, and recruitment and oversight of short-term international and Filipino consultants. PRISM put these support functions within one management unit called the project support and management unit (PSAU). This move aimed to ensure a more coordinated and efficient delivery of day-to-day project management functions. All members of the PSAU report to the unit's director. PRISM's large grants and subcontracts program is directly managed by this component. These programs allow Filipino institutions to conduct technical work; provide training; and assist the PRISM team to achieve results in the workplace, market development, and private practice components. Its *Finance and Administration (F&A)* component handles the smooth running of the office by maintaining efficient administrative and financial systems to support the rest of the project. In tandem with the Chemonics' home office, F&A also ensures transparent financial accounting and reporting to USAID and other relevant partners.

A condensed version of the latest PRISM project organizational chart is shown on the next page.



PRISM
PRIVATE SECTOR MOBILIZATION
FOR FAMILY PLANNING



PRISM
PRIVATE SECTOR MOBILIZATION
FOR FAMILY PLANNING

Section B. PRISM Outcome and Process Indicators of Performance

***Project objective*.** The five-year PRISM project seeks to support the Department of Health's contraceptive self-reliance strategy by helping to motivate and build the capacity of the private sector to market, sell, and distribute competitive family planning products and services.

B1. Outcome Indicators

As part of the larger community of cooperating agencies (CAs) contributing to achieving results under SO3, the PRISM team is working to achieve the following outcome indicators by the end of the project:

1. Increase the contraceptive prevalence rate (CPR) for modern methods obtained from private sector sources from a baseline in 2002 of 10 percent to 20 percent in 2009.
2. Increase the CPR for modern methods among women of reproductive age (WRA) who are gainfully employed from a baseline of 26 percent in 2002 to 50 percent by 2009.
3. Increase the proportion of satisfied FP users obtaining supplies from private sector sources by 3 percent every year from the baseline that will be established in the 2004 Family Planning Survey.
4. Increase the use of unsubsidized contraceptive pills in the private sector from a baseline in 2002 of 9.1 percent to 53 percent in 2009.
5. Increase in the use of unsubsidized injectables in the private sector from a baseline of 7.3 percent in 2002 to 28 percent in 2009.

B2. Process Indicators of Performance

In addition to the quantitative outcome indicators in section B1, to make a wider range of contraceptives available and to promote consumer choice and underutilized products and services, the PRISM team will work to achieve the following qualitative process indicators of performance:

1. Develop a sustainable model of effective workplace counseling and referrals for family planning.
2. Increase the number of workplaces that adopt a model for family planning counseling and referrals.
3. Increase the use of newly introduced, affordable contraceptives and increase private sector sales of hormonal contraceptives and intrauterine devices (IUDs).
4. Maintain an adequate supply of private sector oral and injectable contraceptives.
5. Increase the number of midwives in private practice and other private practitioners providing family planning services;
6. Increase the use of PhilHealth, private health insurance, or third-party benefits for IUDs, bilateral tubal ligation, and non-scalpel vasectomies.

The tasks and activities delineated for monitoring and evaluating project progress against the USAID-approved performance monitoring plan (PMP) is contained under cross-cutting activities in Section G, below.

Section C. PRISM Work Plan by Component

As required by contract, the PRISM Year 2 Work Plan covers a 15-month period from October 2005 to December 2006. Year 2 activities and tasks are divided into the four program components, namely:

- Component 1: Workplace Initiatives
- Component 2: Market Development
- Component 3: Private Practice Services Expansion
- Component 4: Cross-Cutting Activities

For ease in reading, the components have been assigned to sections D, E, F, and G, respectively. Section G now covers cross-cutting activities and includes the overarching PRISM strategies, strategic intervention plan (SIP) action areas, and key activities on policy and information, communications and grants—the technical and support areas that have delineated tasks and a timeline. Section H describes links with other SO3 projects and donors, and Section I provides a summary of expenditures in Year 1 (actual expenditures through July and projected amounts for August and September 2005) and details of the Year 2 budget.

For each component we present brief highlights of the work completed to date, the expected activities/tasks to be undertaken to reach the annual objectives, the Year 2 performance objectives, and benchmarks. We also describe how each task will contribute to achieving the overall contract objectives. Additionally, we have included the support we will need from USAID and other stakeholders and partners to accomplish the work. Finally, the expected timing and completion dates for each of the tasks are illustrated in the work plan Gantt chart included in Annex A.

C1. Summary PRISM Benchmarks

Table 1: Year 2 PRISM Benchmarks

Benchmarks	Component	Completion Date
200 private midwives complete *BEST* for Midwives	3	October 2005
Local promotional/advertising campaigns launched in initial BEST for Midwives training areas	3	October
4th Quarter/1st Annual Report submitted to USAID	4	November
Hold a CEO Summit among pharmaceutical partners	2	December
Memoranda of understanding with workplace doctors and nurses associations signed	3	December
Interim “How to Install a Workplace FP Program” manual developed	1	January 2006
FP Index developed	1	January
Introduction of evidence-based detailing to pharmaceutical companies through sales rep trainings	3	January
Implement at least 2 FP workplace programs through partner associations or businesses	1	February
Provide PRISM components and other partners with regular tracking on market data to include not only the commercial sector but the “free” market as well	2	February
Work with the appropriate DOH agency/unit to produce a	2	February

Benchmarks	Component	Completion Date
Department Order (DO) that will facilitate the registration of contraceptives		
Four (4) new products, including re-launches of OCs and injectables in the market	2	March
Organize a Trade Mission of foreign manufacturers to offer contraceptive products to local marketing companies	2	March
Issue an RFA to solicit proposals from drug distributors specifically to service requirements of LGUs	2	March
Issue an RFA to solicit another set of marketing proposals for launch or re-launch of contraceptives	2	March
Ink a Memorandum of Agreement with DSAP National officers and board on engaging its chapters to participate in training programs for pharmacy owners and staff on making them active information dissemination points on FP	2	April
Production of four (4) product promats (promotional materials) produced with pharmaceutical partners	2	April
Timely release of the PNDF 6th edition to include 11 additional formulations	2	April
Provide PRISM components and other partners with regular tracking on market data to include not only the commercial sector but the "free" market as well	2	May
Provide PRISM components and other partners with regular tracking on market data to include not only the commercial sector but the "free" market as well	2	August
200 workplace FP teams trained on FP installation	1	September
One Workplace FP Excellence Award given	1	September
Final "How to Install a Workplace FP Program" manual developed	1	September
3,000 private service providers certified through *BEST* for Private Providers program, as follows: • 800 privately practicing physicians; • 200 workplace nurses and physicians (in 200 firms); • 200 FP management teams (in 200 firms); • 1,800 midwives	3	September
1,500 pharmacy staff, pharmacists, drugstore owners and medical representatives trained	3	September
At least 1,500 *BEST* "graduates" followed up and monitored	3	September
Soft "launch" community marketing/promotional strategies implemented for at least 1,500 *BEST* for Midwives graduates	3	September
Provide PRISM components and other partners with regular tracking on market data to include not only the commercial sector but the "free" market as well	2	November

Benchmarks	Component	Completion Date
Institute the first Excellence Award in Sales or Marketing among pharmaceutical companies for Social Development Programs, e.g., TB, HIV-AIDS, FP, etc.	2	November
Workplace FP programs installed in 200 firms	1	December
Introduction of evidence-based detailing to pharmaceutical companies through medical representatives' training	2	December
Award initially four (4) grants to Drugstores Association of the Philippines (DSAP) chapters in SIAs on how BEST-trained pharmacy staff can be engaged as active members of the FP referral network	2	December

Section D. Component 1: Workplace Initiatives

While there are growing national concerns on population in the Philippines, there is a lack of appreciation in the business sector of the links among population dynamics, productivity, and economic development. To improve this, PRISM is working with partners to implement strategies that increase the business sector's awareness of the challenges and opportunities of advocating for population and FP programs and services. To make these strategies successful, it is important for FP advocates entering the business world to recognize some of the reasons why a purely profit-seeking company initiates major changes to its operations:

- To increase profit (either by lowering costs, raising revenue, or increasing productivity).
- To respond to competition in the market.
- To respond to employee/union demands or comply with collective bargaining agreements (CBAs).
- To respond to changes in the policy/legal environment.
- To improve or maintain its image, thereby maintaining demand for its products.

Thus, PRISM and its partners are working to make business leaders aware that a family planning program in the workplace pays for itself. Businesses must be brought to realize that workplace FP programs result in:

- Increased productivity due to fewer incidences of pregnancy and maternity-child health absenteeism.
- Increased savings as a result of reduced maternity-related expenses due to prevention of unplanned pregnancies and from reduced costs of replacement for workers going on maternity leave.
- Improved health and well-being of workers and their families through activities that provide knowledge on child health, occupational health and safety standards, and family life and relationships.
- Greater ability for workers to attain a healthy work-life balance.

It should be noted that previous USAID-funded work through projects such as Commercial Market Strategies (CMS) have already brought some firms to understand the need for and value of FP programs in the workplace. Therefore, PRISM has begun work with associations and firms on two levels: those firms and associations that are already aware of the value of FP and are ready to implement or improve FP programs and other potential partners that are not yet either aware or convinced of the value.

For the workplace component, a way to build partnerships and shared commitments with partners was initially done by signing Memoranda of Understanding with them. These MOUs ensure provisions for partnerships with key business associations on population issues and programs. While MOUs do not automatically assure the awarding of grants to these business associations, they identify potential areas of cooperation which can be translated into proposals for grants, either in response to Requests for Applications or to Annual Program Statement solicitations.

To facilitate a clear delineation of working relationships between PRISM and national business partners on one hand, and between national partners and their local chapters on the other, dialogues with both national and local chapters were done. National chapters will take up in their proposals

issues of national concern, while local chapters' proposals will involve the local activities in the strategic intervention areas of PRISM. However, in areas where local chapters are still weak or are just starting, national associations may opt to include them in their proposals for grant funding to facilitate proper oversight of the program.

Now that a few "leader" firms and other players are on board (some of which already have FP programs in the workplace), our workplace strategy intends to create a critical mass of support that will spur the momentum for corporate support for family planning. This momentum should create a bandwagon effect and pave the way for the involvement of other organizations.

To further build momentum, the team is working to ensure sustainability by building the capacities of local institutions, including "leader" firms that are quick to embrace FP assistance, key business associations, and some chambers of commerce. PRISM's ability to successfully implement this strategy will depend on the level of involvement, buy-in, and ownership of the associations and leader firms. The interventions we are initiating with them will also capitalize on their business networks and their influence on policy, including implementation at the national and local levels. Interventions will also be implemented to facilitate establishment of a workplace FP Excellence Awards program which will set the "gold standard" for workplace FP programs and encourage private firms to continually improve their current FP programs to meet and uphold that standard.

The concept of corporate social responsibility is relatively new to the Philippines. Demand for corporate social responsibility is largely customer-driven and, even in developed country markets, acceptance of the concept is still growing. Our workplace strategy rests on the belief that more and more Filipino firms will become interested in providing FP services when employees' demand and willingness to pay for FP services grow. When prices of FP products and services are structured in a socially responsible manner, firms are projected to support FP programs. This support will come as an expression of their general corporate social responsibility, not only within the confines of the workplace, but extending to the firms' immediate environs and community. Firms will benefit in terms of improved overall corporate image and increased shareholders' satisfaction.

To further ensure that the bandwagon effect supportive of workplace FP is attained, the workplace component is also working with major labor unions to integrate employers' and employees' interests in population and family planning services and to facilitate joint labor-management programs in the workplace. Partnerships with labor groups for workplace FP programs will be crucial. For instance, labor-management collaboration on FP activities can foster good working relationships and can provide a neutral venue for discussing issues of mutual concern.

***Component 1 Objectives*.** The specific objectives for the workplace initiatives component are to:

- Increase support by firms for FP counseling, promotion, and service delivery or referrals as appropriate for their workforces.
- Increase support by labor unions for FP.
- Develop and implement cost-effective models of FP for the workplace.
- Identify key policy issues and develop a policy change strategy with partners and other CAs.

The component director will work closely with the Senior Field Operations Director, the Regional Directors, and the component specialists for Luzon, Visayas, and Mindanao to develop and implement programs in each of these areas. The workplace initiatives component will also continue

to work closely with our Filipino subcontractors through fixed-price subcontracts developed on an on-going basis in response to client needs. This will include the refinement of existing workplace FP models, replication of these models in targeted firms, provision of training and outreach activities, and provision of technical assistance to firms implementing the PRISM workplace FP program with the Philippine Business for Social Progress (PBSP), training of workplace FP teams, and training of service providers in coordination with Component 3 and Philippine NGO Council (PNGOC), and the inclusion of the standard days method (SDM) training from the Institute for Reproductive Health Philippines (IRHP) into the FP training modules.

Component 1 Achievements for Year 1

For year 1, the Component 1 team accomplished the following:

- Thirteen MOUs with business associations signed.
- FP Compendium with 17 models and case studies on each produced.
- FP workplace agenda developed.
- Policy brief and discussion paper from the regional roundtable discussions with key business leaders produced.
- Thirteen union plans on outreach produced.
- PBSP mapping of firms produced, with 1,040 firms surveyed.
- Three labor-management fora conducted and the development of a joint labor-management action plan on workplace FP program for presentation to the National Workplace FP/RH Summit in progress.
- Working group consisting of representatives from labor and management groups formed to craft joint action plan for implementation and sustainability of workplace FP program.
- Pangasinan mapping of firms done and a business leaders' forum held.
- Cavite and Laguna multi-sectoral workshops conducted.
- Orientation workshops on workplace FP programs conducted among business and HR groups in ecozones.
- RFAs on the Establishment and Maintenance of Workplace FP Program and FP Excellence Awards issued.
- RFP for a call center survey issued.
- Short-term technical assistance (STTA) for health maintenance organizations (HMOs) and insurance firms survey to expand health benefits to include FP services, and STTA for write-shop on proposal-writing hired.
- Regional writeshops on proposal writing for stakeholders conducted.

Component 1 Benchmarks for Year 2

Component One will meet the following benchmarks during Year 2:

- Interim "How to Install A Workplace FP Program" manual developed by January 2006.
- FP index developed by January 2006.
- One Workplace FP Excellence Award given by September 2006.
- Final "How to Install A Workplace FP Program" manual developed by September 2006.
- 200 workplace FP management teams trained on FP installation by September 2006.
- Workplace FP programs installed in 200 firms by December 2006.

D1. Component 1 Tasks

Task 1.1: Install workplace FP program in 200 firms in strategic intervention areas (SIAs), including a male-dominated firm in the replication

The component will work with partner business associations in the selected strategic intervention areas, including human resource groups and non-governmental organizations that are interested and committed to installing workplace FP programs in its member firms. Priority will be given to firms with large employee bases. These companies have more than 200 employees, with priority given to those that have over 1,000. The ecozones are logical targets for installation because of the presence of locator firms that have a large number of employees. Prioritizing ecozones will result in greater impact to PRISM's goal of providing greater access to FP services to more employed men and women.

The enhanced FP workplace models contained in the Workplace FP Program Compendium will be replicated in target firms. Partners who want to work with small and medium enterprises will also be supported. To encourage the participation of males in FP, at least one male-dominated firm will be included in the replication.

For Year 2, Component 1 will work through the business association partners to prioritize 200 firms for inclusion into the program. Grants will be awarded to private sector partner institutions who will implement the program.

Sub-task 1.1.1: Identify priority firms in SIAs; prioritize ecozones. The workplace component team in coordination with the M&E and HMIS specialists will identify firms in the SIAs from October to December 2005 and will identify a second round of firms in July 2006.

Sub-task 1.1.2: Map firms within SIAs and in ecozones; prioritize for inclusion into workplace FP program. Firms in SIAs and ecozones will be prioritized for inclusion into the program. Rapid appraisals will be done per SIA from October 2005 to March 2006. In July 2006, the list of firms that have large employee base and are willing to set up a workplace FP program will be finalized.

Sub-task 1.1.3: Identify potential business associations as partners; link up priority firms with them. In October to December 2005 and in July 2006, the workplace component will identify business associations in the SIAs that can implement the installation of workplace FP programs. These business associations can be chambers of commerce, human resource associations and industry associations, retailers, furniture-makers, franchisers associations, as well as other legally registered private business groups. Non-government organizations (NGOs) will also be considered. Firms that have been selected in 1.1.2 will be identified as potential entrants into the program. They will be linked to grantee organizations selected to assist with installing FP programs in firms so that they can have access to PRISM grant funds. In addition to PBSP, PRISM's consortium partner, other reputable non-government organizations, business associations, and similar appropriate private sector institutions will be considered as potential partners.

Sub-task 1.1.4: Issue a Request for Applications to solicit proposals from potential grantees. To increase access of PRISM grant funds by potential partners, an RFA will be issued in January 2006. This is to enable PRISM and its partner organizations to set up workplace FP programs in firms in the new SIAs and to those potential grantees that were not able to enter into the program in Year 1. The RFA will contribute to the setting up of 200 workplace FP programs in private firms.

Sub-task 1.1.5 Award grants to qualified business associations. From the solicitation in the preceding sub-task, twenty grants are projected to be awarded in April-May 2006 and with the parallel program with conglomerates, by the end of December 2006 the projected number of workplace FP programs set up will be:

- April 2006 50 firms Source: RFA of July 2005
- July-September 50 firms Sources: APS of January 2005, conglomerates
- October-December 2006 100 firms Source: APS of December2006, conglomerates

The partners will prioritize firms with 200 or more employees. This will ensure a wider reach to more employees who can access FP services from the firms or through a referral system.

It is also projected that proposals involving small and medium enterprises (SMEs) may be submitted by our partners. These will also be considered to serve the FP needs of SME employees.

Grant proposals from partners will take into consideration the sensitivities between national and local chapter relationships. It is projected that national associations' proposals will include activities which are national in scope. Their local counterparts will focus on activities which are SIA-based and are local in scope.

Sub-task 1.1.6: Review recommendations of call center survey; craft and implement appropriate strategies. One of the opportunities identified as a rich ground for family planning clients are the call centers. Call centers are one of the fastest growing industries in the Philippines and employ a huge number of workers who are in their reproductive years. Call centers have banded themselves into one business association called the Contact Center Association of the Philippines. This was established in October 2001 with seven members. It has now grown to 51 members, and continues to grow. Recent figures show that there are about 300 call centers nationwide. These call centers are building their capability to become the hub of call center operations in Asia. The Philippines is seen as outpacing India by 2007 in the call center industry. Clearly, this could be an excellent avenue for PRISM to reach a large number of men and women through a workplace initiative.

A survey of call centers will be completed by January 2006. Survey results will be evaluated in February 2006 and the data will be used to formulate the design and implementation of workplace FP programs in call centers.

Sub-task 1.1.7: Conduct writeshops on proposal writing for potential partners. PRISM will conduct quarterly writeshops for potential partners in November 2005, February 2006 and quarterly thereafter. These writeshops will build the capability of PRISM partners to craft innovative applications for grants that will also be compliant with PRISM grants rules and regulations.

Sub-task 1.1.8: Hire SIA FP coordinators. As Year 2 SIAs are assessed and area workplans developed, PRISM will hire SIA FP coordinators to organize activities for all three PRISM technical components.

Task 1.2: Develop conglomerates as special grants target

Business conglomerates represent a group of businesses that includes many companies within them and employs a huge base of employees. Examples of these conglomerates are the Ayala Group of Companies, the Lopez Group, Yuchengco Group, Gokongwei Group and the Lucio Tan Group of Companies. By getting to them, PRISM can make inroads to more firms and employees in the shortest possible time. Employees within these firms, and the firms themselves, can pay for FP services.

These groups are also strong supporters of corporate social responsibility (CSR) programs. Many conglomerates extend their programs beyond the confines of the workplace to include communities around their workplaces. This fact also ensures that PRISM's reach extends outside the confines of the workplaces.

It is expected that the conglomerates will install and manage sustainable workplace FP programs that will result in the delivery of services within the member firms through their in-plant facilities or through a referral system—by linking up their employees to FP service providers.

PRISM will provide grants and technical support to these conglomerates to install workplace FP programs. It will also build capability among its leaders to craft innovative FP programs and develop proposals that comply with PRISM rules and regulations.

Sub-task 1.2.1: Network with board of directors of conglomerates to promote workplace FP programs. From October 2005 to March 2006, the workplace component will promote workplace FP programs to the key decision-makers in business conglomerates.

Sub-task 1.2.2: Develop and issue an RFA exclusively for conglomerates for the installation and management of sustainable workplace FP programs. An RFA will be developed and issued from April-May 2006 which will address the potential and capability of business conglomerates to implement workplace FP programs. The grant funds are projected to help the conglomerates in the following:

a) Mobilize and build their member firms' capability to install and manage a workplace FP program through the setting up of FP teams;
b) Conduct outreach activities to get buy-in of the key decision-makers within the member firms (CEOs, HR Managers, etc.);
c) Train the FP teams and service providers within the firms;
d) Ensure that in-house facilities are able to handle FP services and linkages with outside service providers are made for the delivery of FP services to their employees
e) Set up and operationalize M&E for the workplace FP program
f) Set up sustainability mechanism to ensure longevity of the program

Sub-task 1.2.3: Conduct writeshops among their technical writing personnel. Technical writers or key persons from business conglomerates will be invited to participate in a writeshop to orient and enable them to craft proposals for grants. This will be held in May 2006.

Sub-task 1.2.4: Award grants to at least three conglomerates. PRISM will award grants to at least three business conglomerates that will install and sustainably manage workplace FP programs in their member firms. Projected timeline is June to July 2006.

Task 1.3: Provide support to partners to promote acceptance of workplace FP by decision-makers, implementers, and end-users

PRISM, through its partners (business associations, HR associations, NGOs, etc.), will identify potential firms that are interested in workplace FP programs. They will also identify key people within the firms who can favorably endorse the workplace FP program to the decision-makers within the firms. The PRISM experience in Year 1 showed that unless there is a buy-in from the key decision-makers in firms, the installation of workplace FP programs becomes difficult. Support from these key leaders will ensure the success of the program. To get their support, PRISM Component 1 will work through its partners to gather together CEOs and human resource managers and present to them the benefits of workplace FP vis-à-vis increased productivity, decreased absenteeism, lower health reimbursement costs, and healthier and happier employees, among others. From this group, FP champions will be identified and trained to become effective supporters of the program within and outside their firms.

Promotional and technical materials will be provided to this target audience. Firms will also be provided with a manual to help them set up and manage a workplace FP program.

Sub-task 1.3.1: Develop cost-benefit measurement tool to be used by partners and member firms. A short-term technical consultant will be hired to determine the methodology for a cost-benefit study by our partners. This will happen in January to February 2006. The results will be used by our partner organizations and their member firms to monitor the benefits the member firms will have reaped from the workplace FP program. From the study that the firms will do, they will develop presentation materials which will be used during the CEOs and HR fora to further convince key leaders of firms that a workplace FP program pays for itself. The material will be updated regularly, incorporating new data from PRISM workplace FP programs which will be set up. These presentation materials will contribute to the sustainability of the workplace FP program by ensuring the support of the key decision-makers.

Sub-task 1.3.2: Build up capability of partners on the use of the cost-benefit tool. Starting from March to April and quarterly thereafter, partner business associations and their member firms will be trained on the use of the cost-benefit material. Training of trainor sessions among partners will be closely coordinated with Component 3. These partners will, in turn, train their own member firms.

Sub-task 1.3.3: Conduct fora to ensure support of key decision-makers (CEOs, HR managers) for workplace FP programs. With the help of the outreach specialist, CEOs and HR fora will be conducted quarterly from October 2005 until December 2006.

Sub-task 1.3.4: Provide with, and train partners on, "How to Install and Manage A Workplace FP Program" manual. Through a panel of experts that will be organized by PRISM and PBSP, an interim manual to guide partner organizations and firms on how to install a workplace FP program will be developed in January 2005. A final version, which will incorporate lessons learned from the replication of FP models being implemented by PBSP, will be crafted by September 2006.

This manual will provide the framework of the workplace FP program installation in the firms by our partners. It will be closely linked with the Workplace FP Index to be produced by Component 1 in year 2. Through close coordination with Component 3, Component 1 will build the capability of its partner associations to train their member firms on the manual. It is projected that the training of trainors will be done initially by PBSP. A pool of potential trainors outside of the partner associations

will also be trained so that there will be trainors per SIA or per region at the least.

Sub-task 1.3.5: Develop audio-visual and printed materials to be used by prospective audiences. PRISM will review previous audio-visual materials from CMS for workplace and adapt footages appropriate for the revised material. Due deligence will also be exercised to access existing USAID-approved communication materials such as those from PCPD, TSAP, FriendlyCare and other USAID-funded projects. These will be adapted to suit the communication needs for workplace. Sourcing from former USAID projects is expected to expedite USAID approval of the materials.

These tasks will be coordinated with the PRISM communications team. Projected delivery schedule for the audio-visual and printed materials is the second quarter of 2006.

Sub-task 1.3.6: Conduct CEO and HR caucus to choose FP champions/spokespersons; train them on media and print outreach. From October to March, the workplace component team in coordination with the outreach and BCC specialists will conduct CEO and HR caucuses in order to identify potential champions for FP among these leaders. These champions are seen to support workplace FP programs and speak to their colleagues about the benefits of workplace FP programs and FP as a whole. On a quarterly basis, trained FP champions and newly identified FP champions will be asked to undergo media training to enrich their skills on FP promotion.

From the caucuses, Component 1, through its partners, will conduct follow-up presentations to the firms who will signify interest in workplace FP programs during the caucuses described in Sub-task 1.3.5. These firms will then be linked up with qualified grantees for them to have access to the PRISM grant funds.

Task 1.4: Support partner organizations in FP information dissemination and capability building to install and manage Workplace FP programs

The component team in collaboration with internal consortium partners will craft the “How to Install and Manage a Workplace FP Program” manual. This manual will be used to train the FP management teams who will run the workplace FP programs in their firms.

Promotional and IEC materials will be provided to PRISM partners. These materials will be used in training, promoting the program and FP, and given to end-users to provide them information on frequently-asked questions. Tools will also be provided to end-users to remind them of schedules for replenishment of contraceptive supplies.

Monitoring of the quality of care by service providers will also be done in coordination with Component 3 and the QI&A Specialist.

Sub-task 1.4.1: Finish scope of work and produce appropriate materials. In November 2006, the Component 1 director will submit a final scope of work, which will pave the way for the production of materials to support workplace initiatives.

Sub-task 1.4.2: Develop print materials on PhilHealth FP benefits for use by firms installing workplace FP programs. In collaboration with the communications specialist, in the first quarter of 2006, the workplace component team will make available materials that firms can use to raise awareness among employees on the PhilHealth FP benefits. Field-based FP Coordinators will generate a directory of trained FP service providers and contraceptives outlets for distribution to

firms, together with the PhilHealth IEC material. Likewise, a list of firms with workplace programs will be shared with Components 2 and 3 in all SIAs.

Sub-task 1.4.3: Train 200 FP management teams on workplace FP program installation. FP management teams are firm-based personnel who are in charge of managing the workplace FP program. These will consist of the HR manager, HR personnel who may be the point person of the program, representatives from departments, union reps and peer motivators. They will be given training on using the "How to Install and Manage a Workplace FP Program" manual. The training sessions will build the capability of the firms to start and effectively run workplace FP programs in their firms. This task will be implemented in coordination with PBSP and partner-organizations as trainors from November 2005 to April 2006. Quarterly trainings will be conducted thereafter.

An overview on FP for the FP management teams and peer motivators in the firms will be coordinated with Component 3 under the Institute for Reproductive Health Philippines (IRHP) subcontract.

Sub-task 1.4.4: Develop FP training video for FP teams and FP service providers in firms. During the first quarter of 2006, Component 1 will coordinate with Component 3 and the Communications Specialist to develop an FP training video that will be used in the training of FP teams and service providers of the workplace component. It will present FP terms that its target audiences will understand easily. PRISM partner firms and business associations will also be given copies of this material. The Communications Specialist will facilitate production of this video.

Sub-task 1.4.5: Ensure high quality of FP service provision by the firms' service providers. On a quarterly basis, the workplace component through Component 3, quality assurance specialist, and the training specialist will facilitate post-training evaluations of the service providers trained by PRISM.

Task 1.5: Develop an index for workplace FP programs

PRISM will craft a tool, Workplace FP Program Index, to identify the different types of workplace FP programs in the firms. This tool will be useful to identify opportunities for improving existing workplace FP programs. It will also be used as a yardstick to measure the effectiveness of the PRISM workplace FP program as firms move from one program type to a more advanced and comprehensive program type.

The FP Index will also used in crafting the "How to Install and Manage a Workplace FP Program" manual, taking into careful consideration that both should support each other in setting up the workplace FP program. It will also be used as one of the tools in the evaluation for the FP Excellence award.

.Sub-task 1.5.1: Review existing FP programs from the FP Compendium and craft a workplace FP program index. From October to December 2005, the workplace component will review the FP Compendium and craft an FP index from it. The Index will be a tool to help PRISM, its partners, and the firms to determine the current status of workplace FP programs in the participating firms. PRISM will collaborate with PBSP in the production of the index.

Sub-task 1.5.2 Capability building for FP Index use. Component 1, in coordination with Component 3, will conduct a training of trainors (TOT) on the use of the Index among our partners. Future training sessions on the Index will be conducted by our trained partners on their member firms. A

subcontract with a partner-trainor may be considered to facilitate the initial TOT among our partner firms. The roll out of the Index to the firms will be done by the partners who will be trained on its use. The TOT should provide our partners with capability to train their member firms anytime training is needed by their members firms.

To ensure that the workplace FP programs are measured and monitored using the tool, our partners will include in their grants application the use of the Index. The progress of the firms' workplace FP program will also be monitored using the Index. The Index will be an annex to the "How to Install and Manage a Workplace FP Program manual.

Greater effort will be exerted to collaborate with DOLE's Bureau of Women and Young Workers and the Family Welfare Committee of the National Capital Region, Inc., including HR practitioners for the possible institutionalization of the FP Index.

Sub-task 1.5.3: Disseminate index to partner organizations and firms. When finished, the Index will become the roadmap for enhancement of all workplace FP programs. It will also be submitted to the PRISM partner that will implement the FP excellence awards as a reference to evaluate winning FP programs in workplaces. The targeted dissemination date is from January to March 2006.

Task 1.6: Institutionalize the "Workplace FP Excellence Awards" program

PRISM will work with a grantee to institutionalize a nationwide FP contest that will acknowledge the best FP workplace practices through a Workplace FP Excellence Awards program. The award-winning programs will become the gold standard by which every successful workplace FP program will be measured.

This award will have cross reference to the FP Index that will be produced, making the latter a potential benchmark of the criteria that is going to be determined.

Sub-task 1.6.1: Develop the criteria for excellence in workplace through the grantee partner organizations. Through the grant awarded to a PRISM partner organization, the criteria for workplace FP excellence awards will be devised in February 2006. PRISM will work closely with the grantee in the crafting of the criteria and selection process.

Sub-task 1.6.2: First Workplace FP Excellence Award given by September 2006. PRISM will work with the grantee to hold the first award ceremony by September 2006. Realizing that the PRISM project is new and that partner firms will be new to the project's workplace FP program and may not meet all of the excellence criteria, the workplace component team will work closely with the grantee to consider the inclusion of firms that have non-PRISM FP programs.

Task 1.7: Ensure inclusion of FP benefits by partner labor unions and federations

The workplace component will work with partner unions and federation to increase the number of collective bargaining agreements (CBAs) that incorporate FP benefits. In order to measure the gains of this program, a database on unions will be created in order to track any increase in new CBAs with FP benefits included. PRISM will work with labor-management councils to facilitate FP inclusion in CBAs.

Sub-task 1.7.1: Create a database of unions that will conduct collective bargaining during PRISM

year 2 and those that currently have FP benefits in their CBAs. PRISM will work with partner labor federations to build a database of unions that will conduct collective bargaining in Year 2. The database will enable the workplace component team to target its activities to unions that are set to conduct collective bargaining. Data collection will be conducted from December 2005 to February 2006.

Sub-task 1.7.2: Work through partner unions and labor federations to include FP benefits in the CBAs. From November 2005 to January 2006, the workplace component, through its partners, will mobilize the labor union/federation trainors on FP outreach trained in Year 1. The trained outreach leaders will be provided with support materials to negotiate with their managers to include FP in the employees' non-monetary benefits. PRISM will also gather from these partners, data on the unions that will soon negotiate their CBAs and those that have FP benefits in their existing CBAs. PRISM, through its partners, will monitor the number of CBAs that successfully include FP in its negotiations.

Sub-task 1.7.3: Use a labor-management discussion paper on workplace FP programs to persuade HR departments to include FP services. In March and April 2006, PRISM will provide negotiating labor union leaders the discussion paper used during the national summit of labor and management to persuade their management to include FP in their CBAs.

Sub-Task 1.7.4 Assist labor unions to increase utilization of FP benefits provided for in their CBAs. The Workplace Component working with the Outreach and Communications Specialist will help labor unions disseminate information about the FP provision in their CBAs. Such assistance can come in either awarding grants to labor federations or providing them with communication materials that will inform and encourage utilization by union members of their FP benefits. Release of communication materials will be in the second quarter of 2006.

Task 1.8: Support effective implementation of workplace FP grants

The component team recognizes the importance of regular dialogue with grantees to ensure the success of workplace FP program implementation. It will conduct regular meetings and provide a feedback mechanism between the project and its partners.

Sub-task 1.8.1: Conduct quarterly meetings with grantees for updates and M&E of grants implementation. The workplace component will conduct quarterly coordination meetings with its partner-grantees starting in the first quarter of 2006. Regular informal meetings will also be done outside of the quarterly meetings. Issues and best practices will be shared during these meetings.

Sub-task 1.8.2: Issue quarterly newsletters to partner firms and business associations for project updates. Through the communications specialist and in partnership with PBSP, the workplace component team will circulate to its partner firms a quarterly newsletter that will provide them information regarding the progress of the PRISM project as a whole and the workplace component itself. The newsletter will also include testimonials about the benefits of workplace FP. Best practices will also be shared in this publication. The maiden issue will be released in April 2006.

Task 1.9: Develop and monitor FP database, and provide feedback to partner firms

The workplace component team realizes that baseline data are important for measuring the effectiveness of the program by analyzing the progress in the CPR and changes in the method mix

from the baseline. The data are also important for giving timely feedback to partners, encouraging them to continue with the program, and challenging them to do better to achieve the desired results. The component, in collaboration with internal consortium partners, will develop baseline data with which to measure the effectiveness of the workplace FP program.

Sub-task 1.9.1: Finalize questionnaire to map out employees' FP needs in partner firms; develop software and report forms. Through the M&E and HMIS specialists, the workplace component will finalize the questionnaire that will be used by partner firms to produce baseline data of their employees' FP needs. Finalization of the questionnaire and the design of the software and report forms will be in March 2006.

Sub-task 1.9.2: Train partner associations and firms on the use of the questionnaire, software, and report forms. Through the M&E and HMIS specialists, the component team will train its partners on the proper use of the tools mentioned above. Training sessions will be conducted from March and quarterly thereafter. The M&E and HMIS specialist will evaluate the efficiency of the workplace partners in using the tools and provide periodic skills upgrading as needed to ensure quality of use. The trained partner associations will be responsible for training the firms included in the PRISM grants program.

Sub-task 1.9.3: Monitor changes in CPR and method mix in partner firms. On a quarterly basis starting July 2006, PRISM will ensure the provision of monitoring of CPR changes in the partner firms' grants contracts. This is designed to ensure that progress documentation of the workplace FP program is done, and enable PRISM to measure the program's contribution to its overall goals. The component will facilitate access by the M&E and HMIS specialists to the FP report and data encoding by the partners to be done quarterly. With the concurrence of PRISM partners, the M&E, HMIS, and IT specialists will create a linkage between PRISM and its partners' data.

Sub-task 1.9.4: Circulate to partner firms and business associations FP data through the quarterly newsletter. PRISM will share with its partners the data on the CPR changes and program progress. PBSP will ensure that firms give their written permission to publicize the data.

Task 1.10: Strengthen policy support for Article 134 and DO 56-03

Work started in PRISM Year 1 to strengthen support for Article 134 and DO 56-03 will be carried over in Year 2, this time endorsing all materials to the partners for their use to improve the business sector's compliance with these two policies. PRISM will continue to support the efforts of the partners to improve compliance with these workplace policies.

Sub-task 1.10.1: Work with business groups to present results of the Year 1 roundtable discussions (RTDs) on policy support in a national forum. PRISM will support a key business association to have the results of the regional roundtable discussions of Article 134 and DO 56-03 presented in a national forum. This support is projected to result in the articulation of business associations to work for the improvement of voluntary compliance among businesses through Article 134 and DO 56-03. This activity will cover the second quarter of 2006.

Sub-task 1.10.2: Present the policy paper of the Year 1 labor-management fora during the National Labor-Management Summit. PRISM will support the technical working group comprising of the Employers Confederation of the Philippines (ECOP), Trade Union Congress of the Philippines, HR group and the Federation of Free Workers in presenting a policy paper during the National

Workplace FP/RH summit. The presentation of this paper is projected to result in an articulation of support by the participants of the summit. The Summit will be held in March 2006.

Task 1.11: Support the expansion of health insurance coverage to include FP services

Component 1 seeks to generate support for workplace FP programs on all fronts – with CEOs, HR managers, unions, and other partner organizations. It will also work to gain the support of HMOs and health insurance leaders to expand health benefits coverage to include FP services. It will also support the efforts for PhilHealth to expand coverage to include FP.

Sub-task 1.11.1: Review results of focus group discussions and interviews with HMOs and insurance firms on expanding health insurance packages to include FP services. In October-November 2005, the workplace component will review the results of the HMO and insurance companies' survey on expansion of the coverage of health insurance packages to include FP services. The component will develop strategies to address issues identified from the survey.

Sub-task 1.11.2: Increase awareness and utilization of PHIC FP benefits by employees. In collaboration with the health finance advisor and the PHIC technical working group (TWG), the workplace component will contribute to the fast-tracking of information on FP services coverage by PhilHealth. Through its presence in the TWG meetings and in facilitating the signing of a Memorandum of Understanding (MOU) with the Philippine Chamber of Commerce and Industry (PCCI), Component 1 will help increase employees' awareness on the PHIC FP benefits. The MOU will support the dissemination of the PHIC FP brochure by PCCI to its member firms and to other associations as well. The MOU-signing will be in October 2005. Dissemination of brochures will be done during the first quarter of 2006.

Sub-task 1.11.3: Network with SIA HR associations to have FP benefits included in firms' health insurance packages. This activity is slated to support the parallel effort of the component with labor unions. This will also complement the activities designed for HMOs and insurance firms to expand benefits to include FP services. Although this is seen as a continuing activity throughout the life of the PRISM project, a full campaign to initiate the activity will be implemented during the first two quarters of 2006.

D2. Critical Support Needed from USAID and Partners

D2a.Support Needed from USAID

Successful implementation of the workplace component will depend on coordination with USAID during program planning and implementation.

- *Activities of other CAs.* As detailed in Section I below, PRISM will work directly with key CAs such as TSAP-FP and LEAD on workplace initiatives. However, at certain times the PRISM team may still need information from USAID on the activities of these and other CAs. For example, this could include information on changes or modifications to their implementation strategies or scopes of work so PRISM can make adjustments in its work program to avoid overlap in activities or duplication of efforts, particularly with respect to target groups. We recognize that the bulk of the burden of coordination among CAs rests with PRISM; however, USAID's facilitation may be needed at certain times.

- *CA activities in other sectors.* The team can also benefit from the input of CAs in other sectors to get a better perspective on its work program, particularly the components involving small and medium enterprises and governance. Whenever possible, PRISM will seek this information directly from the CAs, such as MABS, which is also being implemented by Chemonics International.

D2b. Support Needed From Other Partners

Business associations. The team will need information on business associations such as the mission/vision, organizational structure, and plans of action as well as access to their regional networks and affiliates. This can be facilitated by national business leaders.

Non-governmental organizations. NGOs can provide the PRISM team with knowledge on best practices. Our work program can be analyzed in the light of such information, and adjustments can be made. NGOs also can provide technical expertise in marketing programs to firms, setting up programs, and ensuring sustainability. We also will seek to have NGOs provide access to their respective networks that may include business firms, technical experts, and LGU partners.

D2c. Support Needed From Government of the Philippines (GOP) Agencies

The team will need technical input from three government agencies. From the *Department of Health (DOH)***,** particularly its regional offices, we will seek updates on the family planning program and we will request that they provide resource persons to present the government's FP programs during regional forums and to promote networking between the DOH and business associations. PRISM will seek to have a key counterpart within the DOH designated to serve as a liaison to the project, with the objective of facilitating information exchange. PRISM will also work closely with TSAP-FP and LEAD to determine who takes the lead on specific activities involving the DOH.

From the *Commission on Population (POPCOM)***,** we will seek information on population trends and the latest updates on proposed legislation or population/FP/RH policy changes. More importantly, the POPCOM can provide another venue in which the business sector can propose policy changes through the private sector representative on the board.

The *Department of Labor and Employment (DOLE)* can provide updates on the implementation of Article 134 of the Labor Code and other possible policy initiatives. PRISM will act as the lead CA for collaboration with DOLE on workplace FP initiatives. The team will work with DOLE through a) technical assistance in setting up workplace programs to ensure compliance with the law, and b) provision of resource persons at workshops and forums organized by business associations.

Estate managers of ecozones can exert influence over the firms within their ecozones. These managers are government employees but will be entry points to the ecozones. They can give PRISM access to the HR associations in these areas. Their endorsement will be important for PRISM to gain access to the firms.

Section E. Component 2: Market Development

A large gap persists between the selling prices of subsidized family planning products and those of unsubsidized, commercial products. This gap can be filled with new brands being launched through a properly segmented competitive market. An overarching goal of Component 2, therefore, is to develop a functioning private sector market chain for family planning products and services using the "total market approach" described by Michael Porter. We will identify and develop the entire market chain, from suppliers to distributors to private providers to customers PRISM is working to develop and support the entire market chain, from suppliers to distributors to private providers to customers. The existing FP market must be expanded both horizontally (with a greater variety of products) and vertically (with a wider range of product prices).

The main objective for Component 2 is to establish viable mass market brands of oral and injectable contraceptives in the private sector. The component also aims to help achieve USAID's projected targets for commercial sales of family planning products, with focus on hormonal contraceptives.

To meet these targets, the market development team and TRG will work to improve the enabling environment for commercial sales of contraceptives. In Year 2, we will make available all needed market intelligence on the new business opportunities for affordable contraceptives. These will help wake up the pharmaceutical companies and get them to respond through new product launches and promotional activities.

Technical assistance and resources will support the introduction of new medium-priced oral and injectable contraceptives. Assistance and resources initially will be directed at "targets of opportunity" in the market chain to facilitate new entrants, including suppliers or distributors. As an example, it will be critical that the market development team seek ways to maximize positive private sector expansion of FP in conjunction with the GOP's *Ligtas Buntis* door-to-door campaign as well as the larger contraceptive self-reliance strategy.

Component 2 Achievements for Year 1

A brief synopsis of Year 1 accomplishments in Component 2 is below. During Year 1 of PRISM, the market development team:

- Provided regular sales updates on the contraceptive market to pharmaceutical partners.
- Issued an RFA for marketing of medium/low-priced hormonal contraceptives.
- Supported development and production of DKT and DYNA medical marketing communication materials for two products.
- Participated in joint activities with LEAD LGUs towards "privatization."
- Hired technical consultant to help fast-track Bureau of Food and Drugs (BFAD) registration and Philippine National Drug Formulary (PNDF) listing of contraceptives.
- Generated proposals for RFP on baseline studies: quantitative on providers and qualitative on consumers.
- Pre-tested training module for drugstore trainers.

Component 2 Benchmarks for Year 2

The following benchmarks are included in the work plan for Year 2:

- Hold a CEO Summit among pharmaceutical partners to get their concurrence on how to improve the market environment, including issues that affect the contraceptive market
- Four (4) new products, including re-launches of OCs and injectables in the market.
- Production of four (4) product promats (promotional materials) produced with pharmaceutical partners.
- Organize an international Trade Mission of contraceptive manufacturers to offer local companies more products to market
- Issue an RFA to solicit proposals from drug distributors specifically to service requirements of LGUs
- Issuance of a DOH Department Order that would facilitate product registration of contraceptives
- Timely release of the Philippine National Drug Formulary (PNDF) 6th edition to include eleven (11) additional formulations.
- Introduction of evidence-based detailing to pharmaceutical companies through medical representatives' training.
- Issue an RFA to solicit another set of marketing proposals for launch or re-launch of contraceptives
- Ink a Memorandum of Agreement with DSAP National Officers and Board on engaging its chapters to participate in training programs for pharmacy owners and staff on making them active information dissemination points on FP
- Award initially four (4) grants to Drug Stores Association of the Philippines (DSAP) chapters in SIAs on how BEST-trained pharmacy staff can be engaged as active members of the FP referral network.
- Issue an RFA to to solicit proposals among distributors willing to serve non-traditional contraceptive outlets, e.g., midwives, cooperatives, sara-sari stores, etc.
- Provide PRISM components and other partners, with regular tracking on market data to include not only the commercial sector but the "free" markets as well.
- Work with pharmaceutical industry association on establishing an Excellence Award in sales or marketing for social development programs executed by pharmaceutical companies

E1. Component 2 Tasks

Task 2.1: Facilitate entry of pharmaceutical marketing and distribution companies in the hormonal market

Sub-task 2.1.1: Provide technical assistance and support for market development plans. Requests for applications (RFAs) were released recently to assist pharmaceutical companies to launch or re-launch more medium/low-priced products in the contraceptive market priced at less than P100/cycle or vial mainly serving the socio-economic classes C and D. Proposals were due last August 22, and selection was planned a week later. To further assist prospective grantees in improving their chances of getting their proposals accepted, whole-day writeshops were offered providing guidelines on the HOW TO's of proposal writing at standards set by USAID. Proposals are expected to contain a well thought-out marketing plan and show achievable objectives within realistic timeframes. The proposals are also expected to show resources that prospective grantees are willing to invest not only at product launch but also for market sustainability beyond the first 12 to15 months after launch, including sales

projections over a five-year period. In conjunction with the 12- to 15-month grants, PRISM will provide technical assistance and support to the market development plans that are funded.

Sub-task 2.1.2: Issue an RFA to provide financing assistance to drug marketing and distribution companies willing to serve the procurements of local government units (LGUs) and non-traditional outlets. It is a known fact that marketing and distribution companies shy away from offering bids and serving the procurements of LGUs. Not only are LGUs reputed to be difficult to serve due to the often extended bidding process normally won in terms of lowest price alone but also the process is complicated and prone to pay-offs. Worse, bureaucracy at the LGUs often cause snags in releasing payments that many of these companies are not willing to put up with, primarily due to the high cost of money. To lessen the risk & cost of money, PRISM plans to issue a special RFA that will assist these companies with financial assistance that may motivate them to extend payment terms beyond the industry standard of 30 days.

However, even before the SOW for this RFA is published, it would be advisable to hire a short term technical consultant to put together a report that will study the processes and attending requirements on LGU procurement. This report will serve as basis on how PRISM can package the RFA so that it can be made more attractive to distributors. At the same time, the report will inform them of possible pitfalls to avoid when contracting business with an LGU.

Another RFA is also planned for marketing and distribution companies willing to serve non-traditional dispensing outlets in the distribution chain, such as midwives, sari-sari stores, cooperatives, etc. that the bigger and more established distributors are not willing to serve since volume of purchases are low and these accounts are considered high risk. Furthermore, these non-traditional outlets are likely to be located in far-flung areas not easily accessible to the more established distributors that service bigger outlets. Identification of these non-traditional outlets, specially those providing services will be done in coordination with Component 3, e.g., BEST-trained midwives, workplace doctors and nurses, etc.

Sub-task 2.1.3: Support printing/production of medical marketing communication materials. To further assist pharmaceutical companies to achieve their objectives, PRISM will directly fund the development and production of marketing materials of effective brands in the medium/low-price segments. This will allow other market players with brands already in the market to stoke interest in family planning In the end, more products creating more noise can help create a more viable market through higher awareness on FP benefits, more product options, and more satisfied contraceptive users.

Sub-task 2.1.4: Provide support for regulatory approvals. Product registration with BFAD has been cited as a difficult hurdle in the product launch or re-launch process. In addition, getting new formulations included in the PNDF list has also been identified by the private sector as a tedious process. Only formulations in the list are qualified for government procurement. To widen the avenue through which pharmaceutical companies will be enticed to enter the market, meetings and presentations were set up during Year 1 to broker the linkages between companies and these regulatory bodies. Initial meetings/presentations between the parties proved useful in streamlining the process while getting commitments from both groups to achieve faster registration and inclusion in the PNDF. To date, DOH has confirmed availability of funds to publish the sixth edition of the PNDF, an activity which PRISM will support by funding printing of more copies for wider dissemination. Supplementary sections on oral contraceptives (OCs) and injectables will be published with the tacit agreement that 11 additional formulations will be included if all documentary

requirements are served. Additional documents on clinical trials were expected to be submitted by the end of August 2005, after which the PNDF technical committee will make its recommendations when a new committee is reconstituted by early 2006. No less than the DOH Secretary, Dr. Francisco Duque III, gave his full support behind this activity, verbalized in the CEO Summit held last December.

Sub-task 2.1.5: Regular coordination with field personnel of pharmaceutical *companies on market development plans.* To increase support on FP acceptance, the medical representatives of pharmaceutical companies – regarded as ground troops promoting their company's products – have been clearly identified as possible promoters of the benefits of family planning, more than just their brands. We will target the medical representatives to make them FP detailers. Initial meetings in the sub-areas are promising, with medical representatives interested to offer more FP information to their target providers especially for dissemination among their clients. PRISM will continue with regular communication and coordination with pharmaceutical company field personnel on market developments in Year 2.

Sub-task 2.1.6: Conduct business reviews with pharmaceutical companies. Regular meetings with pharmaceutical partners to formally assess progress of their marketing activities and providing opportunities for information exchange will be conducted to keep our partners motivated (and on their toes) to achieve set objectives. In these meetings, PRISM will also provide them regular updates on market developments, via sales data, industry news, regulatory updates, policy work, etc. This will also be a mechanism employed to ensure compliance on targets set forth by pharmaceutical grantees in their marketing plans.

Task 2.2: Upgrade skills and industry status of pharmaceutical sales reps involved in social development programs

Sub-task 2.2.1: Introduce and train pharmaceutical companies' trainers on evidence-based detailing. In reinforcing training objectives among drugstore pharmacists centering on evidence-based counseling (EBC), med reps will also be introduced to evidence-based detailing (EBD) as a means to counter objections or allaying fears and misconceptions among current users or prospective FP acceptors. The plan is to train pharmaceutical company trainers who can then cascade their training to their med reps. EBD detailing aids or IEC materials will also be produced to assist reps in detailing to doctors and drugstore pharmacists. As part of the med rep training program, an M&E component will be introduced to monitor progress on achieving the targeted number of trainees as well as ensuring quality of training provided.

Task 2.3: Establish an excellence award in sales or marketing for socio development programs

Task 2.3.1-4: In close coordination with industry associations such as the Marketing Executives of the Philippines (MEPI) which has an established and well regarded excellence awards for sales and marketing, PRISM will introduce a special category on "Social Development." The awards will not be limited only to FP but include other social development programs supported by USAID such as TB, HIV-AIDS, Vit A, etc.. Talks will have to be initiated with the MEPI Executive Director and it Board of Trustees by December 2006 to broach the idea and get the Board's approval.

Task 2.4: Improve the policy enabling environment for commercial marketing

Sub-task 2.4.1-3: Coordinate with and support policy associate in reviewing policy agenda on regulatory approval processes. As it relates to streamlining regulatory approval processes, the market development team will work with the PRISM policy associate on how regulatory bodies such as BFAD can be influenced to fast track product registration for contraceptives. The PRISM policy associate will work closely with PRISM's consultant on BFAD, Dr. Kenneth Go, on how to influence regulatory requirements, such as creating an express lane for off-patent formulations. If needed, meetings with pharmaceutical companies' regulatory affairs officers will be scheduled to get their views and suggestions on how this can be accomplished.

Report on tariff reduction or elimination on contraceptive imports is also being prepared by another consultant, Dr. Bienvenido Alano, who is looking into the possibility of streamlining the process of securing tariff waivers.

Task 2.5: Assist in developing the market by making available more types of contraceptives

Sub-task 2.5.1: Coordinate with IRHP for the possible distribution of SDM beads in DSAP drugstores. The Institute for Reproductive Health Philippines *(*IRHP) can be linked up with the DSAP to present their distribution and retailing plans of the SDM beads to afford wider availability while achieving the inclusion of natural methods on the menu of FP methods supported by PRISM. In line with this assistance, IRHP will be invited to request for technical assistance to help them develop a marketing plan to include SDM as one of the various FP methods in promotional and marketing materials used at points of sales, e.g., drugstores, physician and midwife clinics, etc. as well as in various training activities to DSAP personnel and pharmaceutical med reps.

Corollary to the SDM, it should be stressed that this natural method is to be used with a barrier method, such as condoms to increase its effectiveness. This will form part of the marketing plan to be developed.

Sub-task 2.5.2: Develop marketing strategies for the introduction for IUDs. Pending the results of an IUD situational analysis initiated by PRISM in the final quarter of Year 1, pharmaceutical companies with IUD products will be assisted to develop marketing strategies to widen the acceptance of IUDs as a long-term method for women who wish to limit fertility but are not yet ready for a permanent method.

Sub-task 2.5.3: Widen distribution and develop consumer directed campaign materials to heighten awareness of FP. Evidence-based IEC materials that have undergone USAID review and received approval thru other assisted projects, i.e., TSAP, will be re-printed and used by pharma partners and retailing outlets in the course of serving as FP information referrals. These will be made strategically available at drugstores, doctors' and midwives' clinics, cooperatives, health and beauty counters, etc. Messages will need to be coordinated with the other two components.

Sub-task 2.5.4: Convene a CEO Summit to be attended by top executives of pharmaceutical partners. Following on the success of a similar event held in India and attended by CEOs, presidents, and general managers together with their respective marketing directors/managers, a similar activity will be convened in early December 2005 to bring out issues/ concerns of our pharmaceutical partners that need to be addressed to facilitate their "buy-in" into a concerted effort at expanding the commercial market for contraceptives. Initial concurrence to participate have already been gathered from key partners, e.g., Wyeth, Schering, Organon, Marketlink, etc. This will be spearheaded by

Don Levy from Chemonics International.

To carry the out the agreements elicited from the workshops and discussion groups at the Summit, a 5-member Strategy Formulating Committee composed mainly of CEOs of pharma partners will be formed to provide the action points of the Consensus. This Committee will meet regularly to share updates and ideas on how to convert agreements into an action program.

Sub-task 2.5.5: Organize an international Trade Mission of Contraceptive Manufacturers to offer local marketing companies more contraceptive products to market. The Trade Mission gives the local companies a unique opportunity to get easy access to contraceptives they can market locally without incurring travel and communication expenses on their own. The Trade Mission will be composed of reputable foreign manufacturers that have established track records on quality and supply of low-medium priced contraceptives.

Sub-task 2.5.6: Initiate an information exchange program with pharma partners. While the benefit of providing regular marketing information with pharma partners has already been established, we would like to further this effort by asking pharma partners to likewise provide PRISM with their own sets of market information, such as: databases of doctors, midwives, pharmacies and drugstores, and opening up sales data at the account level to all other pharma partners through IMS audits. In the information exchange program, cooperation among pharma partners will be forged.

Sub-Task 2.5.7: Provide advance notice to pharma partners on training activities PRISM is conducting among doctors, nurses, midwives, workplace health providers and drugstore staff
In the course of trainings conducted by PRISM's Component 3 and its partner agencies, the pharma companies will be invited to conduct product presentations, meet with trainees for the possibility of engaging them as dispensers of FP products, and ink agreements that will further their sales and promotional effort.

Task 2.6: Develop market links with the public sector

Sub-task 2.6.1: Conduct regular coordination meetings on "privatization" and join workshops with selected LGUs. To influence the shift of clients from the public sector to private market sources, exchanging information with LGUs on their FP activities and market data during Year 2 will lead to better coordination. Data from SIAs, which need not necessarily be LEAD areas, can then be shared with pharmaceutical partners to serve as indicators on where they should concentrate their marketing and detailing efforts or serve as feedback on where they have succeeded in the conversion.

Sub-task 2.6.2: Conduct private-public workshops with selected LGUs. Component 2 will continue to work with the public sector in conducting joint workshops with private and public stakeholders in targeted SIAs.

Sub-task 2.6.3: Share with LGUs updated databases of pharmaceutical companies, private midwives and workplace FP health providers. The directory can then be a pooled listing that can be used by suppliers, health providers, and product dispensers.

Sub-task 2.6.4: Share with pharmaceutical partners updated database of distribution of FP supplies by LGUs. As in the above Sub-task 2.5.1, data on budget allocation and distribution of FP supplies by LGUs will be shared with pharmaceutical companies to encourage them to actively participate in

the marketing and detailing of their medium/low-priced FP products among LGUs procuring contraceptives. Data may include the number of cycles/vials distributed and/or budget allocated to inform companies where they should focus their detailing and sales efforts.

Task 2.7: Develop a community-based referral network of BEST-trained drugstore owners and staff, midwives, and other health providers and dispensers

Sub-task 2.7.1: Convert BEST-trained DSAP-member store owners and staff and other retail partners into active referral points in their respective communities. The Drugstores Association of the Philippines (DSAP) currently has 48 chapters nationwide, each with an average of 50 drugstore members. Their visible position in the urban and peri-urban areas as promotional centers and dispensing points for drugs make them important partners in the FP privatization program. The national DSAP office and city/provincial chapters have expressed interest to serve as propagation points of information. To strengthen these ties, regular meetings will be conducted with the national officers and strategic chapters in year 2. An MOU already inked between DSAP and PRISM in March 2005 will now be basis for inking a MOA on how its chapters and member stores will actively participate in the BEST for Drugstore Staff training by providing selected participants who will be in turn be converted into active referral points in the community-based network of providers and contraceptive dispensers.

Sub-task 2.7.2: Initiate pooling of databases of service providers and supply points in each SIA. Each SIA-based FP Coordinator will begin the development of a local directory of FP product/service providers including contact details of pharmaceutical representatives, contraceptive distributors with product list and prices, companies with FP workplace programs, NGO clinics, PhilHealth-accredited FP facilities/providers, and BEST graduates, including participating DSAP drug stores. The directory will facilitate private-private referrals. Likewise, the directory will also be shared with LGUs so that they may present alternative sources to clients who can afford to buy contraceptives. The directory may also be used to identify commercial contraceptive suppliers for LGU procurement.

These handy reference booklets will be collated by the PRISM SIA FP coordinators and distributed to all participants of the referral network in each area.

Task 2.8 Update data and forecasts

Sub-task 2.8.1 to 3: Consolidate market data on free contraceptives from LGUs/DOH and commercial sales from IMS Health. Quarterly sales data from IMS purchased as a regular subscription will be shared with pharmaceutical partners to advise them on market developments. These feedback reports can help them improve sales in a free market environment, particularly in regions showing high potential for conversion of FP users from public to private sources for products. Since only annualized data is available from the public sector, the year-end annual review will incorporate this into the commercial market if only to track rate of pull-out of the donated goods. Married with the commercial sales, this data will also provide good estimates on shifts from free to commercial sources for contraceptive products.

Sub-task 2.8.4: Secure detailed and updated sales data for Year 2 SIAs. As PRISM activities and programs are implemented in each component, more detailed market data at the PRISM SIA level will be required to evaluate interventions implemented in the SIAs. These will be made available semi-annually, For the convenience of personnel and organizations with access to ORBIT, SIA sales

data will be made available thru the site. Currently data received is in excel files but Component 2 will get assistance from MIS specialist to convert these into ppt slides to make these more user-friendly. Data will be uploaded on the site semi-annually, e.g., every 3rd quarter and 1st quarter of the year.

Sub-task 2.8.5: Provide information for PRISM maps and update regularly. Corollary to 2.8.4, data will be made available at the SIA level showing sales movements by account type, each geo-coded to pin on digitized maps provided by PRISM consortium member, EMI Systems. Maps are handy visual devices that will assist program implementers, including our pharmaceutical industry partners, to track sales and assess investments in each area. They will likewise serve as tools to identify gaps in the distribution and sales chain.

Sub-task 2.8.6-7: Share data and market intelligence with project partners. Updated information and new forecasts will be shared with partners and other stakeholders every quarter.

E2. Critical Support Needed from USAID and Partners

E2a. Support Needed from USAID

The key areas where USAID support will be needed are:

- *Enhancing links with TSAP-FP and LEAD.* The PRISM project will need to coordinate regularly with TSAP-FP (on mass media communications, market research and EBM IEC materials) and with LEAD (on links with LGUs to be supplied with products). We will need the support of USAID to establish a framework through which these three projects can coordinate, especially where more than one CA is working to achieve each of the intermediate results in the SO3 results framework.
- *Timely feedback on communication materials for production and distribution/ broadcast.* While the project will take all the necessary steps to meet the projected mass media launches as scheduled, another critical link is the timely feedback and approval from USAID on the materials submitted so that production and release to media channels will likewise be timely. IEC and other promo materials are critical to product launches.
- *Regular updates.* The marketing teams of pharma partners will need details on the commodities USAID is phasing down and regular updates on both negative and positive movements in the market by other donors and DOH/GOP. Updates on the phase out of commodity support will be vital for the analysis of market trends and for the preparation of realistic quarterly forecasts.

E2b. Support Needed from Other Partners

Pharmaceutical Company Marketing Departments. We expect the pharmaceutical industry partners to link corporate resources to the support that will be provided by PRISM. In addition, they will be expected to commit to specific annual sales targets for the contraceptive brand(s) from 2005–2009. We will also need to have detailing and promotion timelines for FP brands incorporated into the job descriptions, incentive plans, and performance evaluations of the members of the sales team concerned. A monthly report from pharma grantees including data on contraceptive sales should be available, and a quarterly business review of key business issues will need to be conducted. The parameters of the reports and business review will be incorporated in the PRISM subcontract with the

pharmaceutical companies. This range of support will help ensure that sales and marketing activities are being implemented in a timely fashion.

Ad Agencies. Ad agencies will be expected to support PRISM by ensuring that communication materials for the different target groups (general public, service providers, pharmaceutical companies, and pharmacy staff) are coordinated and integrated. They may occasionally need to work in the field with project partners (e.g., medical representatives, visiting health providers) to be updated on customer needs and wants. Cost-effective media plans will be expected. A regular business review will likewise be scheduled on a quarterly basis. This will help identify interim successes as well as issues that have to be addressed.

NGOs. We will expect partner NGOs to ensure that the training curriculum and materials for the medical representatives and the pharmacy staff are coordinated and integrated with the rest of the communication materials. The NGOs will be coordinating closely with PRISM's Component 3 director, training specialist and the BCC specialist.

E2c. Support Needed from DOH and other GOP agencies

Policy change to allow sales of hormonal contraceptives in non-traditional outlets. As the phase down of donated commodities continues, there will be a greater need for wider commercial availability of these products. Non-traditional outlets will provide clients greater access especially in rural areas.

Facilitating timely approval of product registration of new brands. Historically it has taken one to two years to register a product in the Philippines. While BFAD has initiated new measures to facilitate the process, additional support for contraceptive registration will help lead to timely market launches.

Facilitating inclusion of additional formulations in the Philippines National Drug Formulary (PNDF). It is critical for additional formulations to be included in the PNDF, especially for PRISM-assisted brands, as only those on the PNDF list can be purchased by LGUs and other government institutions. Hence, the support of DOH will be vital in ensuring that LGUs will have more options for procurement.

Section F. Component 3. Private Practice Services Expansion

The expansion of USAID support from the public to the private sector is already resulting in changes in the family planning market. More non-poor family planning clients who have been obtaining USAID-donated contraceptives are seeking contraceptive products and services from private sources. According to results from the 2004 Family Planning Survey, 33.1 percent of contraceptive users reported buying them from the private sector, up by nearly 4 percentage points from the previous year. To meet this increased demand for private sector family planning products and services, the number of private and commercial health care providers that offer quality family planning services and products needs to increase.

Experience has shown that family planning alone is not sufficient to sustain a medical practice. However, when provided as part of a broader practice, FP services can strengthen a practice's viability. The shift from public to private service provision is therefore an opportunity for private health care practitioners to strengthen their practices.

Recognizing the important role that private providers play in the commercial market chain for the sale of FP services and products, the main objective of the private practice services expansion component is to increase recognition of the business value of family planning among private providers and other key information points in the wider provider referral network. This means helping private providers develop sustainable practices that include the sales and distribution of commercial family planning products and the delivery of quality FP services.

Component 3 will be working with private FP providers and referral networks. These providers have been classified into different tiers according to the range of FP services they provide. Each tier has corresponding needs in terms of training or updates, post-training follow-on activities, policy support, quality standards, and others. Component 3 will develop training modules and support packages for each tier of provider, including those that are directly involved in the other two PRISM components. Table 2 below provides a summary of these tiers.

Such tiered approach to capability building is more trainee-friendly and more responsive to their specific needs. It also provides PRISM with a more definite guide as to how to proceed with the post-training support requirements for each tier.

To inform the development of the training materials for the different tiers of family planning service providers, PRISM will formulate Behavior Change Communications agenda based on previous research studies on knowledge, attitude, practices and skills. PRISM will hire a short-term technical consultant that will pool together and analyze these studies, and will formulate recommendations for the training modules. Focus Group Discussions may likewise be conducted to further enhance background information that will form the bases for curriculum development. Training interventions will therefore have trainees' behavioral objectives in mind.

Another factor that will be considered in the development of the training modules for each of the defined tier of service providers will be the currently available materials. Preferably DOH-approved materials will be reviewed and adapted to the PRISM context. Since each tier may have different types of service providers with their specific technical and educational background, the materials necessarily must be adjusted accordingly. The training curricula will then be submitted to the Health Human Resources Development Bureau (HHRDB) and the Family Planning Office of the National

Center for Disease Prevention and Control (NCDPC) for review and approval. Since the DOH does not have an accreditation system for training institutions and trainers yet, PRISM, with its partners PNGOC and IRHP, will enter into a Memorandum of Understanding with the DOH which will temporarily recognize PRISM and its trainers as duly accredited trainers and the PRISM training materials as duly approved materials (upon review and approval thereof).

Table 2: Summary of the Different Tiers of Private FP Service Providers and Referral Points
(Partial table; please refer to Annex B for a more detailed table)

Tiers	Objectives	Description of Services/Tasks	Service Providers	Possible Training Modules SPs Can Take*
1	To motivate FP use	Information-giving on all methods; motivation, referrals	Peer motivators FP management team Pharmacy staff	Sales / Promotional (IEC) Communication
2	To sell FP products	Information-giving on all methods; motivation; referrals for first time users; Dispensing	Pharmacy staff, Pharmacists / drugstore owners, Medical representatives	Sales / Promotional Communication
3	To provide proper FP counseling to FP clients	FP Counseling on all methods; FP methods provision (NFP, SDM, condoms, pills, DMPA); referrals for IUD and VS; clinic management	Midwives Nurses Doctors	Basic Entrepreneurship; Updates on Contra Tech (w/o IUD and VSC) FP Counseling Advanced Business Course
4	To provide quality IUD insertion/removal services	Counseling; Methods provision above, PLUS IUD insertion/removal; referrals for VS; clinic management	Midwives Nurses Doctors	FP Counseling IUD Training Infection Prevention Basic Entrepreneurship Advanced Business Course
5	To provide quality voluntary sterilization services	Counseling; actual VS procedure; No-scalpel vasectomy (NSV) and Bilateral Tubal LIgation (BTL); clinic management	Doctors as actual VS surgeons Midwives and nurses as VS assistants	FP Counseling NSV Training BTL Training Infection Prevention Basic Entrepreneurship Advanced Business Course

**Please refer to Table 3 on page 41 for descriptions of the different training modules.*

After training, follow-up and monitoring support will likewise be tier-specific. Materials, tools and systems appropriate for each tier will be developed.

Wherever appropriate, the different training modules will include information on all FP methods that training participants can use to ensure free-will and informed choice for all their potential FP clients. This is particularly highlighted in the modules on FP counseling. The didactics portion of the training in BTL and NSV will include explaining to clients about the informed consent form that they will sign prior to the procedures. IUD training will likewise include reviewing other options that the

clients can choose from to ensure that they are not coerced into choosing IUD as their method.

Quality standards for the "BEST" branding will likewise be defined for each tier as appropriate. Processes and procedures on acquiring the "BEST" brand for service providers will be crafted. Requirements for being BEST will be more comprehensive and will include quality standards, of which, training will just be one parameter. Furthermore, the BEST brand may come in different color codes or with different number of stars to signify the tiers of service provision being branded.

In the long-term, it is envisioned that PRISM will work with PhilHealth so that appropriate tiers of service providers will be be accredited and reimbursed for a wider range of FP services and supplies. It is hoped that PhilHealth coverage can be expanded beyond the current coverage for IUD, NSV and BTL primarily for doctors and the minimal 6 months of POP coverage that is part of the maternity care package.

BEST, DOH and PhilHealth standards will be widely disseminated and will be gold standards that private practitioners will strive for.

Each tier of service providers will therefore also have a well-defined referral network at each level including interrelationships between PRISM components and the specific project partners of each component. As mentioned above, each tier may likewise define its policy requirements to further enhance private practice particularly in FP.

In keeping with PRISM's "work through, don't do" guiding principle, all activities will be coursed through project partners as much as applicable. Training for midwives, for example, will continue to be coursed through local partner PNGOC and its trainers, as it was implemented in year 1. Towards the second half of the Year 2 (and perhaps, through Year 3), in the interest of sustainability, trainers from the midwives associations, if available, will begin to be tapped for a transition period to build their capacity to eventually become BEST for midwives trainers themselves. PRISM will likewise provide technical assistance to local FP/RH NGOs building their capacity to conduct BEST training.

Furthermore, PRISM can develop the capacity of a local individual (ex., perhaps the PRISM-hired FP Coordinator), so that he/she can act as a local technical resource person providing technical assistance on FP issues to these NGOs.

For the more advanced skills training, such as those for IUD services and the surgical procedures, PRISM will tap already existing training institutions or local facilities that can provide venues for such. Known private clinics that are already being used as training venues such as FriendlyCare and Well-Family Midwife Clinics can be resources for training on these procedures. Local NGOs can likewise network with government facilities that are already DOH-approved and recognized IUD preceptor sites or VS training centers that can be used as venues for training. The PRISM Grants Program will be the resource for these capability building exercises.

The strategy therefore includes working with these service providers through their associations - an approach that, as mentioned above, will result in FP services sustainability beyond PRISM project life. Thus, for the workplace component, we will work closely with the Philippine College of Occupational Medicine (PCOM) and the Occupational Health Nurses' Association of the Philippines (OHNAP). Since these groups have their own systems for updating or training their members, as well as the authority to designate Continuing Medical Education (CME) units required to maintain active status, integrating FP into their system seems practical and sustainable. Sustainability will be

further enhanced as these associations and their members will be linked up with pharmaceutical companies, distributors and drugstores that supply FP commodities. The enhanced income from a widened clientele base and networking is expected to fuel the sustainability efforts of the project.

Peer motivators and FP management teams on the other hand will be tapped through the business groups or chambers to which their companies belong. They will be trained initially by the Institute for Reproductive Health Philippines (IRHP) and by the Philippine Business for Social Progress (PBSP), with the long-term perspective that these teams will become "trainers" themselves or at least be able to orient their own CEOs as well as their staff about FP and the FP program.

The Drugstore Association of the Philippines (DSAP), with which PRISM already has a Memorandum of Understanding, will be a key Component 2 partner in mobilizing service providers, especially pharmacy staff. DSAP can identify its own core groups of trainers who can then train drugstore owners in their chapters who, then, can roll out the training to their own staff.

For the first year of implementation, PRISM's private practice component entered into Memoranda of Understanding with the Integrated Midwives Association of the Philippines (IMAP) and the Midwives Foundation of the Philippines, Inc. (MFPI). Provisions in these memoranda facilitated the identification of midwives for capacity building in the provision of FP services and products. PRISM presentations during scientific meetings, conventions, and organizational meetings of midwives likewise provided opportunities to promote project activities to potential partners.

A nationwide training needs assessment (TNA) for private practice midwives was conducted. Results of this TNA were used as bases for the development of the Business Enhancement Support and Training (BEST) modules and materials. Consequently, BEST training teams were formed in partnership with the local project partners Philippine Non-Government Organizations Council on Population, Health and Welfare, Inc. (PNGOC) and the IRHP. Two hundred eleven midwives were trained and FP-certified by the end of the September 2005.

As far as doctors are concerned, PRISM has likewise entered into MOUs with the Philippine Academy of Family Physicians (PAFP), the Philippine Federation of Private Medical Practitioners (PFPMP) and, by the second year, also with the PCOM. A TNA for the PAFP was likewise conducted, and development of *BEST* for Doctors training modules and support packages will probably be coursed through these associations.

For the second PRISM year, the Component 3 team seeks to continue to build not only the private midwives' but also other providers' capacity to provide quality FP products and services, as defined by the abovementioned tiers. MOUs with other service providers associations – both at the national and local levels – will be pursued in order to identify as many private providers as possible. BEST graduates will be supported in terms of promotional and marketing strategies, including initial efforts (in the case of midwives through the Banking on Health (BoH) project), to link them to financial institutions that will enhance their business potential. Policy issues directly affecting private providers' practices will be addressed in collaboration with the appropriate government agencies, including the Philippine Health Insurance Corporation (PhilHealth). In the second year, the Component 3 team will begin putting in place mechanisms or systems that will address sustainability for the *BEST* program midwives, for example, allowing private provider associations to be directly involved in these efforts.

Strengthening and/or establishing referral networks in all PRISM Component 3 areas will be a major

focus for Year 2. All three PRISM components will be interlinked through this activity, and the potential for maximizing all efforts will be realized through the establishment of a functional referral system that involves PRISM partners, non-partners, and the public sector. As mentioned above, the referral system will also adjust specifically to each of the defined tiers of private providers.

Internally, PRISM envisions a quarterly component assessment of accomplishments vis-à-vis deliverables and overall objectives. Strategies and activities will be periodically reviewed, and planning for the following quarter will be done as a team.

Component 3 Accomplishments for Year 1

- Memoranda of Understanding signed with two physicians' associations, two midwives associations, and one drugstores association:
    - Philippine Academy of Family Physicians
    - Philippine Federation of Private Medical Practitioners
    - Integrated Midwives Association of the Philippines
    - Midwives Foundation of the Philippines
    - Drugstores Association of the Philippines
- Assessment of the training needs of private practice midwives was conducted in Luzon, Visayas and Mindanao to inform the development of the training curriculum for midwives
- Successfully developed the Year 1 Business Enhancement Support and Training (BEST) for Midwives Training Curriculum and Materials
- 15 training teams for the *BEST* course were identified and equipped for the training
- 211 private practice midwives completed the basic *BEST* for Midwives training course
- Assessment of the training needs of physicians (PAFP members) conducted
- Policy agenda for private midwives practitioners defined
- Database of private midwives and physicians started
- *BEST* informational materials developed

Component 3 Benchmarks for Year 2:

- Memoranda of understanding with workplace doctors' and nurses' associations signed by December 2005.
- 3,000 private service providers certified through *BEST* for Private Providers program by September 2006, as follows:
    - 800 privately practicing physicians;
    - 200 workplace nurses and physicians (in 200 firms);
    - 200 FP management teams (in 200 firms);
    - 1,800 midwives
- 1,500 pharmacy staff, pharmacists, drugstore owners and medical representatives trained by September 2006.
- At least 1,500 *BEST* "graduates" followed up and monitored by September 2006.
- Soft "launch" community marketing/promotional strategies implemented for at least 1,500 *BEST* for Midwives graduates by December 2006.

F1. Component 3 Tasks

Task 3.1: Train 3,000 private service providers for quality FP services and products provision

Capacity building for private service providers will continue during the second year of the PRISM project. As mentioned above however, these service providers will include not just midwives but all the tiers of service providers and referral points identified. With experience gained from the training of midwives during PRISM's first year, the *BEST* for Midwives modules, and eight other modules for the different tiers, will be finalized and the subsequent roll-out plan implemented in year 2. Midwives' and other private providers' associations will be involved in the project – from recruitment, training, and monitoring – in order to ensure sustainability.

Sub-task 3.1.1: Finalize at least nine (9) B E S Training modules for private providers. As shown in table 2 above, for service providers identified in each tier, there is/are corresponding training modules that they can appropriately avail of to enhance their FP practice. The training modules will be developed from existing modules, preferably from DOH-approved materials, that will be further adapted according to the target trainees – e.g., materials, as well as methods for presentations, for midwives will differ from that for doctors or nurses. By March 2006, it is expected that PRISM will submit to the DOH the training modules for the midwives. By April, finalized modules will have been approved. Modules for doctors and nurses will likewise be targeted to be finished by March 2006. Table 3 below shows a summary of the proposed training modules, their possible contents and other information.

Table 3: Training Modules and Corresponding Details

TRAINING MODULES	CONTENTS	DURATION	POSSIBLE SOURCE	REMARKS
1. FP Sales/ Promotional (IEC) Communication Module	Orientation/Overview of FP and FP Program; Frequently-Asked Questions (FAQs); Benefits of FP; Communication Skills (Sales Talk), etc.	Half day to one day	Current module used by Comp. 2 for Drugstore clerks; TSAP materials	May require different sub-modules: peer motivators; FP mgmt. team; pharmacy staff
2. Updates on contraceptive technology module (w/o IUD and VSC)	Review anatomy/physiol; WHO medical eligibility criteria; Fertility awareness; NFP; LAM; SDM; pills; injectables; condoms; evidence-based FP	Two days	Current BEST modules on the different methods	Focus on the methods only; different sub-modules for midwives, nurses; doctors
3. Basic Entrepreneurship and marketing	Definitions; assets/liabilities; break-even; costing; cash flow; marketing, procurement; business planning; record-keeping	One to two days	Current BEST module on basic entrepreneur-ship; tap WFPI for training, materials	Focus on business/entrep and then use FP as business products for practicum
4. FP counseling	GATHER approach	Two days	Revise current DOH GATHER modules	Focus on the GATHER approach/techni que

TRAINING MODULES	CONTENTS	DURATION	POSSIBLE SOURCE	REMARKS
5. Infection Prevention	Knowledge and skills training on infection prevention with practicum	Two days	Engender-Health/DOH modules	
6. IUD insertion/removal	Short didactics; staggered, competency-based skills practicum; PhilHealth reimbursements mechanics	Half-day didactics – lectures/info for IUD use; 10 IUD insertions completed	Current DOH training module (Comprehen-sive FP training)	Possible subject for a grants proposal to link with accredited DOH IUD training sites/ trainers or FCFI/WPFI
7. Bilateral Tubal Ligation	Minilaparotomy under Local Anesthesia (competency-based); PhilHealth reimbursements mechanics	One-two days didactics; 5-10 cases performed satisfactorily	Current DOH training modules on BTL (dev. w/ Engender-Health tech. assistance)	May be subject of grants or subcontract with local accredited training institution/s or trainers
8. NSV	No-Scalpel Vasectomy technique; PhilHealth reimbursements mechanics	One day didactics; 5-10 cases performed satisfactorily	Current DOH training modules on BTL (dev. w/ Engender-Health tech. assistance)	May be subject of grants or subcontract with local accredited training institution/s or trainers
9. Advanced Business Course	Accessing finance; financial mgmt; assessing business performance and goals; self-financing; ambulatory facility management principles, etc.	Two days	Banking on Health Training Modules	PRISM can refer or coordinate with BoH for this training

Among the many positive feedback from the 211 graduates regarding the BEST for Midwives Training Course, none stands out more distinctly than the appreciation of how family planning was integrated into the business and entrepreneurship portion of the training, or vice versa. With the paradigm that looks at FP services and supplies as their business "products", midwives were taught how to do business with a heart, balancing making a profit/income with their moral/social responsibility to ensure maternal and child health. A very important principle that they learned was how to make a business plan to guide them in their chosen means of livelihood. These BEST distinctives will continue in the tiered approach to the training.

There will be different ways that the development of the curricula will take place:

For FP management teams and peer motivators of component 1, local subcontractors IRHP and PNGOC have been contracted to draft the materials and roll-out the training.

For component 2 partners, short-term technical assistance consultants have been hired to draft and pre-test materials for pharmacists and pharmacy staff.

For the midwives, the Training Specialist will review the original BEST for midwives curriculum/materials and revise/modify/subdivide these into appropriate pieces for the tiers

as drafts – FP counseling, contraceptive technology and basic entrepreneurship.

For nurses and doctors, PRISM will, depending on availability of trainers and systems for regular updates and refresher courses, work with associations and academies to conduct TNA, if needed, draft the training materials/curricula, pre-test, finalize, conduct TOT and roll-out training among their members. This working relationship may take the form of a sole-source subcontract, if applicable, or grants.

The final training curriculum and materials for midwives will have to be submitted to the DOH/HHRDB for review and approval. As mentioned above, the trainers will have to be also recognized by this bureau. This is particularly important for midwives because of the implementing rules and regulations of the Midwifery Act that states that midwives can only perform certain FP tasks once they have been trained by trainers accredited by the DOH and the certifying board of midwifery.

The materials for doctors and nurses need not be submitted to the DOH. The concerned associations have their own committees that have the authority to designate CME units to certain topics in their regular meetings. Once we get their buy-in on the proposed curriculum which they will help develop and eventually the corresponding CME units, then the training/updates/ refreshers will be conducted. As mentioned, if these associations have their own trainers, PRISM will provide technical assistance to build the capacity of these trainers to conduct the training themselves. Local NGOS in FP/RH may likewise be given technical assistance to build capacity in training midwives for BEST.

Sub-task 3.1.2: Training of trainers on the B E S T curricula for each tier of service providers. While the training modules are being finalized, trainers from PRISM's two local subcontractors PNGOC and IRHP will be identified for the training of each specific tier of service providers, particularly for the midwives. IRHP has also been tapped for the training on FP orientation for the FP management teams of partner workplaces. Trainers from other associations will also be identified such as those for the drugstore clerks', doctors' and nurses' training or updates. Towards the middle or end of the second year, available trainers from the partner associations will begin the transition towards becoming BEST trainers themselves in the interest of BEST sustainability. Local NGOs in SIAs may likewise be tapped as possible sources of trainers who will continue the BEST beyond PRISM project life.

The training of trainers may come in different phases or steps depending on the modules that the trainers will use. The TOT may just be an orientation on the use of the "new" materials for those who have been trainers in the first year's BEST runs if they are assigned topics taken from the original BEST modules. The TOT may take the form of formal TOTs as in with both didactics and practicum phases for training such as for IUD insertion and removal. It is expected that TOTs will be conducted before June 2006.

Sub-task 3.1.3: Conduct B E S Training for qualified private FP service providers. The roll-out training activities will be soon as the modules are finalized and, in the case of training for midwives, approved by the DOH – this will probably begin towards the second quarter of 2006. Identification of potential *BEST* enrollees will continue during the second year. To identify midwives, other midwives associations, depending on their willingness to be part of the PRISM project, will be involved, including the Philippine League of Government and Private Midwives, Inc. (PLGPMI), the Association of Private Midwives in Cebu (APMIC), in Davao (APMID), and others (PGMA). Work with IMAP and MFPI will continue in the second year. These associations will be actively involved

in identifying and recruiting private-practice midwives not only to attend the *BEST* training course but also to enroll in their associations. Priority for recruitment will mirror the project's SIAs, but the component will not limit itself to these areas as long as a sufficient number of private practice midwives can be organized for a *BEST* course.

For drugstore clerks, pharmacists and medical representatives, local DSAP chapters and partner pharmaceutical companies will identify their trainees. PRISM will coordinate with these organizations and the pool of trainers to ensure conduct of training for these identified trainers.

FP management teams and peer motivators in the workplace will be identified by component 1 partners. The training methodology and a guide for the FP management teams will be added to the "How to Install an FP Program" manual being developed under component 1.

Doctors and nurses who are members of the associations will be qualified to attend the updates or refresher courses. Those for IUD and VS training will have to fulfill certain pre-requisites enumerated in the training curricula.

Once the training curricula are ready and the trainers have been trained or oriented, PRISM will announce the availability of these modules and open the same for pre-registration among midwives for example. One strategy that may be used to facilitate identification of qualified trainees is to conduct qualifying tests or examinations to help determine what modules may be appropriate for the pre-registered service providers and/or whether they are indeed qualified to take the module they registered for. Trainees will have the opportunity to choose the modules they would want to enroll in depending on what they perceive to be are their priority needs. A trainee may be given the BEST Certificate upon completion of the required modules satisfactorily and by complying with the quality standards appropriate for the tier of service provision.

More highly specialized training such as those for IUD, and male and female sterilization will have to be coordinated with the DOH and its accredited training institutions for these services. Another possibility is to tap private groups that are already providing training for these services. These include the FCFI and the WPFI clinics. For IUD, it is possible to link private midwives with public sector IUD preceptors and preceptor sites for the practicum part of the training. This skills training will be competency-based. NSV training can be worked out with private trainers such as FriendlyCare or with individual trainers who are certified trainers on NSV. For BTL, tie-ups with DOH accredited institutions will be made.

The Advance Business Course will likewise be developed but with close coordination with the Banking on Health project. The main feature of this course is linking service providers with financing institutions for possible microfinancing. This is being considered in order to provide opportunities for expansion and improvement in the private practice of these providers. However, this course should also include a section on possible self-financing. Some tips for service providers must also be provided as an option to loans. The course may perhaps include topics on how to manage savings, where to invest extra money, when to start expanding if the provider does not plan to apply for a loan, etc. (See table 3 above for possible contents of the training modules.)

Depending on the needs of the different tiers involved, PRISM may venture into expanding training to include capacity building for different levels of business skills. PRISM may identify appropriate sets of business skills modules that may be focused on different business types (clinic, lying in, workplace), different levels of business skills (cashflow, accounting, inventory management), and

business needs (starting up, adding staff, developing a marketing strategy, opening a clinic, opening your first branch). The Business Training Specialist will have a major role in crafting these different modules.

3,000 private service providers will be trained and certified in Year 2 of the project. This number includes 800 private physicians trained through associations like the PAFP; 200 nurses and physicians in the workplace trained by OHNAP and PCOM; 200 firms' FP management teams (and their peer motivators) trained by the IRHP; 1,800 midwives trained through the pool of trainers managed by PNGOC. On the other hand, 1,500 drugstore clerks, medical representatives, pharmacists and drugstore owners will be trained by DSAP trainers.

Sub-task 3.1.4: Follow-up and monitoring of B E S T "graduates for SIA 1 and 2. The 211 BEST midwives "graduates" will be monitored and followed up in the second year. Tools have been developed jointly by the M&E, BCC and Training Specialists for these midwives based on the original BEST curriculum. For the new tiered service provider strategy, component 3, PRISM's strategic planning unit, in collaboration with project partners, will develop follow-up and monitoring tools and systems appropriate for each.

Generally speaking, regardless of the tier of service providers, post-training follow-up and monitoring will have to be conducted initially by the trainers. These trainers will be oriented on the final tools and systems for monitoring and will conduct these activities on the average around 3-6 months after the training. BEST graduates will therefore be monitored as they finish the courses. Eventually, PRISM specialists in training, quality assurance, M&E, other relevant specialists, as well as related component managers and directors will also monitor these "graduates" in the interest of performance and quality of services. In the long run, PRISM will build the capacities of local partners, such IMAP, MFPI, PAFP and others, to be able to conduct these follow-up and monitoring activities by themselves.

Sub-task 3.1.5: Formalize the referral systems for BEST graduates. Assessment of the Bohol experience on private sector involvement in family planning showed the necessity of multi-sectoral referral systems. The Component 3 team envisions a functional formalized, institutionalized referral system involving the *BEST* graduates linked with FP products distributors or suppliers, public health personnel, private doctors, and company clinics/personnel. Regular coordination meetings, summits or consultative workshops between and among these major players will be organized through the related associations in order to strengthen their referrals to one another, including the development of appropriate referral forms that will document functional two-way referral systems.

Directories of project partners will be maintained and periodically updated. The possibility of using the Internet as a readily available source of information for potential FP clients and service providers alike – either to locate a source of a product or a service provider or just for reliable FP information – will be explored and implemented if feasible.

These referral systems and tools will have to be monitored to assess their functionality as well as to identify rooms for improvement. All stakeholders can be part of the process of finalizing the referral system through the regular meetings mentioned above.

One important strategy or activity that needs to be pursued is the possibility of linking service providers particularly midwives with drugstores owners. Midwives can actually act as extension outlets of drugstores to supply FP products in areas where there are no drugstores or public health

centers. Under this arrangement, the drugstores agree to have their pharmacists' license be "extended" to cover the partner midwives' dispensing activities. The arrangement or understanding can be that the supplies will be kept for sale at the midwives' clinic or homes on a consignment basis.

Task 3.2: Market/promote *BEST* service providers

The *BEST* program not only provides training for private service providers but, where applicable, also technical support to enhance their private practices to become sustainable, vibrant and successful sources of their livelihood. Part of this support is to generate interest among potential clients' in the *BEST* graduates' services and products. With technical assistance from both TRG and PMSU specialists, Component 3 will develop sustainable promotional and marketing strategies that *BEST* graduates can implement themselves after initial support from PRISM.

Sub-task 3.2.1: Develop marketing strategies for BEST midwives, others. The PRISM communications team, including the BCC specialist, will develop promotional materials and marketing strategies for *BEST* graduates – since midwives were first to have the BEST course, these initial activities will involve midwives who have finished the course.

Two or three months after a private-practice midwife completes the BEST course, PRISM will support her by organizing a "soft launch" in her community. The activity will allow the midwife, for example, to be "advertised" in her community as a "BEST" midwife who has undergone BEST for Midwives training, as evidenced by her BEST certification. The launch may take the form of a fun time – a sort of a get-together or party among women (men will be invited also) during which small lectures may be given on the services and products the BEST midwife can offer. Promotional materials will then be used to sustain the information drive.

Possible materials include the *BEST* logo, signage for clinics, posters, and flyers. The materials and strategies developed will be pre-tested with the first few batches of BEST graduates. Midwives associations will be drawn into the process in the interest of long-term sustainability for these marketing strategies beyond the life of the project.

Eventually, other marketing or promotional activities will also be adapted for doctors or company nurses and other providers as applicable.

If necessary, PRISM may issue a Request for Proposal open to marketing or advertising firms to review, observe, evaluate, analyze and recommend new and more effective strategies beneficial to partner private providers.

The different BEST training modules likewise need to be marketed and promoted. Private service providers should be informed that there are these different training on FP and business and that they can enroll as a trainee as the first step towards getting the "BEST" brand of quality.

Sub-task 3.2.2: Implement new marketing and promotional strategies for BEST graduates.
The initial support given by PRISM will have to be evaluated to assess its impact on the private practice of the BEST graduate. New strategies and activities that will be recommended or crafted by the winning marketing/advertising firm will be implemented by the firm in the areas where BEST graduates are located. Roll-out of these activities will be implemented by the midwives associations and the midwives themselves.

Task 3.3: Improve policy for private midwife practice

In the first year of the PRISM project, several policy issues that may hamper development of private sector midwife practices were identified. There is much to be done in order to enhance the private practice of midwives. This, too, is part of "S" (support) in BEST, and PRISM will lend its full backing to make the policy environment for midwives, and eventually, other private FP service providers, more conducive to their livelihood-generation. The issues of certification and accreditation, the legality of midwives dispensing oral contraceptives, the pharmacy law, the midwifery act, and DOH guidelines and orders all need to be addressed in order for the private providers to enhance their practices. Component 3 will work closely with PRISM's policy and information on policy issues and strategies.

Sub-task 3.3.1: Coordination with DOH for BEST certification. As mentioned above, whenever applicable and beneficial to PRISM and partners, all materials for the training of private service providers will be developed with DOH involvement. This is most likely relevant to private midwives as it concerns directly their practices. We would like DOH to be a partner in certifying these midwives in order for them to have some sort of "legal" authority to practice FP other than counseling and motivation.

In the interim that there are no official DOH training accreditation policies and guidelines, PRISM will endeavor to work for a MOA or MOU that categorically states DOH's endorsement or approval of PRISM's or BEST's curricula and materials as well as its trainers and training institutions. This gives more significance and authority to the BEST certificate.

The DOH CHDs will continue to be a training partner for midwives.

Sub-task 3.3.2: Coordination with PhilHealth to increase FP reimbursement claims. Although there is an existing accreditation process for midwives already in place, most midwives and doctors are not inclined to pursue such accreditation for several reasons: stringent requirements for facilities, little monetary gain from PhilHealth reimbursements, and slow reimbursement processes. Component 3 will provide venues for exploratory talks to address these issues with PhilHealth.

A more basic and long-term issue is that of PhilHealth providing "significant" cost reimbursements for contraceptive pills and injectables dispensing (which are currently non-reimbursable) and higher RVUs for the permanent methods and IUD insertion. Currently, the coverage for IUD insertion assumes the availability of a free device, which is not readily available to private providers. Additionally, USAID is no longer donating IUDs, though many units remain available in the public sector.

Once PhilHealth reimbursements are more attractive, practitioners will pursue accreditation themselves with or without support from projects like PRISM. The information and policy unit will provide technical assistance to the component in this regard.

The possibility of PhilHealth providing tiered accreditation and subsequent reimbursements for the different tiers of service providers as defined by PRISM remains a daunting task for the component and the PRISM policy team.

The communications team will provide materials to the component that will be used to reach doctors, hospitals and hospital owners specifically expounding on PhilHealth benefits for them. It is

projected that PhilHealth reimbursement claims for FP will dramatically increase once complete information regarding the new FP packages available are disseminated among private practitioners, clinics and hospitals. PRISM may opt to issue a request for application precisely to make this awareness campaign a reality.

PRISM will likewise involve hospital associations or organized groups of private clinics in order to inform them regarding PhilHealth reimbursements for IUD, Vasectomy and BTL. These groups can apply for grants that will build the capacity of their member hospitals or clinics to provide these PhilHealth-reimbursable methods. They can also inform those already providing such services of the "new" RVUs for the surgical methods and other reimbursable expenses incurred in providing these services.

Task 3.4: Link interested private service providers with financial institutions

Another facet of the BEST for providers program is support through microfinancing arrangements with appropriate institutions. Enterprising and interested midwives or service providers will be given opportunities to expand their businesses through linkages with financing agencies that will cater to their specific needs. This task will be done in collaboration with the other USAID project *Banking on Health (BoH).* PRISM hopes to see BEST graduates access financing schemes that would allow them to expand their private practices, particularly as these practices will include the provision of quality FP services and products.

Microfinancing institutions, such as the Opportunity Microfinancing Bank which has already started providing loans to midwives of the Well-Family Midwives Foundation, may be tapped to provide technical inputs into the development of training courses for midwives. Depending on their availability and willingness, they may even have the opportunity to conduct the actual training sessions, thus allowing them to build rapport and relationships with their future clientele, the midwives.

As mentioned above, the business training modules will also provide participants with skills to manage their own resources as an option to accessing microfinancing. On an individual basis, topics may include managing personal savings, making wise investments, tips on when to start expanding using their own monies, etc. On a corporate level, partner associations may likewise be interested in being trained on how to manage their associations' funds, making revolving funds sustainable, making good investments that will provide income for the associations, etc.

Sub-task 3.4.1: In coordination with BoH and other USAID projects, develop a microfinancing scheme for PRISM service providers. With technical assistance from the health finance specialist, and in collaboration with BoH, a financial scheme will be developed that would allow midwives and other service providers access to microfinancing.

PRISM will likewise coordinate with the other Chemonics project MABS in assessing midwives'/service providers' finance opportunities. Results of the training needs assessment will be reviewed to aid development of the scheme. Consultative workshops will likewise be held prior to finalization of the proposal.

Sub-task 3.4.2: Identify potential partner financial institutions for midwives. With assistance from the MABS and BoH projects, PRISM will identify potential partner institutions in the different SIAs. Each institution is likely to have different services and instruments from which midwives may

choose. PRISM intends to identify these institutions and determine which can be tapped as partners for this aspect of BEST.

Formal linkages with these institutions will be documented through MOUs between midwives associations and the financing institutions. In this set-up, PRISM will act only as the initiator of business relationships between midwives/service providers and financial institutions. The associations will act as references for the individual midwives/service providers while the actual business transaction or contract happens between individual midwives/service providers and the microfinancing institutions.

Task 3.5: *Build the capacity of service providers' associations in sustaining the BEST program.* Component 3 will start addressing sustainability concerns in practical ways – for instance, by building the capacity of midwives associations to implement BEST activities for their midwives. Sustainability is important in ensuring that the BEST initiatives do not fade away with the PRISM project. Activities that need sustainability include providing updates for service providers, implementing promotional activities, maintaining referral systems, supporting access to microfinancing as needed, and influencing the policy improvement.

Sub-task 3.5.1: Conduct of private sector FP sustainability learning tour. Successful experiences of sustained private practices that involved FP will be the focus of a study tour. Successful private practice midwife entrepreneurs will be identified throughout the country. A simple guideline on identifying key ingredients to their successes will be formulated by the M&E Specialist. This tool will then be used by midwives who are just starting their businesses as they are engaged by PRISM to be part of a learning study tour within the country by the second quarter of 2006. Re-entry plans will be implemented by the delegates and monitored by PRISM. Replicable strategies for sustainability will be the focus of implementation by the local chapters of the associations represented by the delegates.

Sub-task 3.5.2: Implement an association-wide quality assurance system. With technical assistance from the quality assurance and improvement specialist, the Component 3 team will aim to enable partner associations to develop and implement a system to ensure continuing quality improvement among its members' practices by the third quarter of 2006. Across all three components, the specialist will develop a PRISM-wide QA plan that includes quality standards, monitoring systems, CQI tools and systems, among others and adapt these to the specific needs of the components or each of the tiers of service provider. The QA/QI specialist will build the capacity of the associations, though their officers or supervisors, in using the QI tools (e.g., COPE) and in facilitating QI exercises as well as in facilitative supervision.

Sub-task 3.5.3: Design and implement BEST program sustainability through service providers' associations. As mentioned, associations will be actively involved in this project from recruitment to sustainability activities. PRISM will provide technical assistance to the associations in developing sustainability plans in all aspects of the program – financial, capacity building, quality assurance, etc. The key to sustaining BEST and PRISM for that matter would be to make it a regular part of the activities or program of existing institutions as early as possible.

For financial sustainability, for midwives for example, PRISM will enter into a MOA with midwives associations in order to formalize agreements regarding the handling of training course fees. This fee goes to the midwives association that recruits the successful trainee with the understanding that 30% of it will be used for recruitment of participants for future BEST for midwives courses. 20% will be

reserved for the expenses that will be incurred in implementing FP activities planned for by the FP committees of the local chapters. The remaining 50% of the collected fees will be deposited into a trust fund on a separate bank account solely for the purpose of maintaining seed fund for future program activities beyond the PRISM project. Such future activities could include assisting the local chapters to set up a revolving loan for their members.

In determining the amount that will be charged as training fees, several factors will be considered. Among these are the actual costs of the training, number of days that the course was held, whether or not it was live-in or out, the cost for the venue, the trainees' capacity to pay, etc. Training fees shall be determined together with the associations concerned.

Other sustainability activities would be to identify inexpensive venues of the training and possible "hosts" from co-members of the associations who can accommodate trainees. Local pharmaceutical companies' support may likewise be solicited for some of the activities.

As mentioned above, potential trainers from the associations will be equipped to conduct the training themselves. Some of the associations such as OHNAP has had extensive experience in providing training to its members and would therefore have a very good chance of sustainability for capacity building of service providers in the workplace.

Sub-task 3.5.4: Implement innovative sustainability strategies through the grants program. An RFA for innovative strategies to sustain the BEST program and/or the private practice of service providers in general will be developed and proposals solicited. The grants will cover all the facets of the BEST Program. Innovative concepts on capability building for training of midwives for example can be submitted by associations who may or may not have been partners with PRISM. Local NGOs in the community may likewise submit proposals for sustainability. Excellence awards for outstanding FP service providers in the private sector can also be submitted as a grant proposal.

Task 3.6: Strengthen component program implementation

Component 3 seeks to strengthen its program management and cohesiveness as a team to continually improve Component 3 delivery of expected outputs. Quarterly Component 3 assessment and planning sessions will be implemented to achieve this objective.

F2. Critical Support Assumptions of USAID and Partners

F2a.Support Needed from USAID

The key private practice component areas where the USAID support will be needed are:

- *Enhancing links with other USAID partner projects.* PRISM will need the support of USAID in working together with other USAID-funded projects such as Banking on Health (BoH), which has an agenda for midwife entrepreneurship quite similar to PRISM's plans. Working together will maximize potential for synergy and minimize duplication and partner fatigue. USAID's support will be useful to help PRISM build on the successes of previous USAID projects such as the Well-Family Midwife Clinics Partnerships Foundation, which has rich experience in entrepreneurship that can enhance the PRISM project. As in the first year, PRISM also recognizes the need to continue its partnership with the LEAD and TSAP-FP projects.

- *Timely feedback on curricula and media promotion plans.* Timely feedback and approval from USAID on the curricula and promotional materials submitted will be required for PRISM to meet its training schedules and targets and to be able to initiate promotional support, especially at the end of training for midwife entrepreneurs.

F2b. Support Needed from Other Partners

Midwives associations. There will be a continued need for close collaboration with midwives associations, especially as PRISM recognizes the major role MWAs can play in recruitment, training, monitoring, quality assurance, and sustainability. PRISM will not work exclusively with only one or two of these associations, although we will have to work in an environment where there is palpable political tension among the associations.

Health care provider associations. Partnerships with the Philippine Academy of Family Physicians and the Philippine Federation of Private Medical Practitioners need to be strengthened, as these bodies will be involved in the planning and implementation of the training or update roll-out plans for their member doctors. PCOM and OHNAP are other associations that are potential partners for the project.

F2c. Support Needed from DOH

As mentioned above, PRISM needs the cooperation of the DOH primarily in terms of endorsement of the BEST for Midwives training course. The CHDs need to be co-facilitators and co-signatories on the BEST certification, which allows BEST graduates to offer FP services as part of their practices. Also, the many policy issues directly affecting private midwives' practices must be worked out in partnership with appropriate line agencies. Clarifications need to come out from the DOH – for example, regarding the issue of whether a private midwives can actually dispense pills and injectables once they are trained. The DOH certification and accreditation processes need to be clarified also.

Section G. Component 4: Cross-cutting Issues

As mentioned previously, Component 4 includes activities in three units where activities cut across all three technical components described above:

- The *Strategic Planning Unit* takes the lead in strategic planning, national programs, and development of tools and products for all three components. Together with the project's technical specialists, this unit is responsible for porviding technical direction to the operations unti through the crafting of strategies to facilitate the achievement of component benchmarks and objectives.

- The *Field Operations Unit* was created to take charge of general field operations. These include identifying and engaging partners, implementing TA and training activities in strategic intervention areas (SIAs) and making sure that these activities serve PRISM's objectives.

- The *Project Support and Administration Unit (PSAU)* focuses on overseeing project support and administrative functions. It manages project implementation support functions including subcontracts management, grants management, performance monitoring, customer service monitoring, finance, project communications, information technology and database management, and recruitment and oversight of short-term international and Filipino consultants. Its *Finance and Administration (F&A)* group handles the smooth running of the office by maintaining efficient administrative and financial systems to support the rest of the project. In tandem with the Chemonics home office, F&A also ensures transparent financial accounting and reporting to USAID and other relevant partners.

In addition, we discuss PRISM's strategic intervention areas for Year 2. All SIA benchmarks and deliverables have been consolidated in the component tasks presented above.

The workplan for each of the project component requires support from the strategic planning and field operations units for the implementation of specific tasks and subtasks. Detailed technical area action plans have been produced separately and are referred to in appropriate sub-tasks of the technical component work plans. A general description of technical and support areas inlcuding their roles in the component work plan implementation is presented below. Greater elaboration is made for policy, outreach, health finance, health MIS and monitoring and evaluation as they have leadership area activities that do not fall discretely within the components.

G1. Policy and Information Unit (PIU)

The Policy and Information Unit (PIU) will take the lead in convening the relevant component and partners to come up with a utilization guide for each PRISM tool which is intended to be used within and beyond PRISM project life by PRISM partners. An *ad hoc* committee (comprising of representatives from PIU, relevant component, and if applicable—partners) will be created for each tool, and will be responsible for briefing all concerned on its relevance, standard utilization, and proposed distribution. The PIU's Project Associate will be the keeper of each tool and corresponding utilization guide.

G1a. Policy

Private sector activities in the business sector, pharmaceutical industry, and in the health care industry are regulated and influenced by state policies at the national and local levels. PRISM's policy team will be composed of the following: the policy advisor, the public sector liaison specialist, and the policy associate. The policy associate is responsible for developing a prioritized policy agenda for PRISM and to establish consensus with the LEAD project and other stakeholders on policy issues critical to increased private sector participation in the provision of FP products and services. In consultation with the project component teams, the specialist will craft a set of strategies reflective of and responsive to the policy needs of the component teams in pursuing their short- and long- term objectives.

The policy work plan for the project's second year focuses on selected policy issues in the joint USAID-DOH 10-Point Policy Agenda. PRISM is the lead CA for policy clusters 4 and 5. Given the wide range of needed policy reforms of all three project components, the policy associate, the public sector specialist, and the TRG director will form a policy team. In consultation with the component team members, the policy team will develop a policy action plan whereby the component team members are enabled to facilitate the formation of a coalition of FP policy champions among key stakeholders and component partners. The policy team will provide necessary policy analysis and PowerPoint presentations on component-specific policy issues to be used by component FP policy champions in policy dialogues. The team also will provide technical assistance to FP policy champions coalitions and/or networks in outreach activities for specific policy changes or development of new policy instruments – examples could include department orders or municipal ordinances critical to achieving increased numbers of family planning committees in companies, stepped-up referrals from LGU health facilities to private midwives and doctors for clients who can afford to pay for services, and availability of a wider range of contraceptive products in local markets.

To support the three components, the policy team's work will focus on generating policy options and developing policy tools that will mobilize partners and stakeholders to facilitate DOH and PhilHealth accreditation, expansion of PhilHealth benefit packages, and strengthening the implementation of Labor Code provisions. Specifically, the policy team will establish a policy monitoring mechanism with the M&E specialist as an overarching tool to monitor the components' activities with regard to policy. This mechanism will be regularly updated together with the HMIS specialist.

G1a1. Component 1 Policy Activities

Task 1.1: Strengthen implementation of Labor Code Article 134 and DOLE DO 56-03

Sub-task 1.1.1: Identify the status of efforts to strengthen the implementation of Article 134 and DOLE DO 56-03. To have a sense of the policy environment, the policy team with the Component 1 team will appraise the conducted activities related to the enforcement of Labor Code Article 134 and DOLE DO 56-03.

Sub-task 1.1.2: Work with the component and the outreach specialist in developing a strategy. Banking on the engagement of the Component 1 team with workplaces and HR associations, the policy team and the outreach specialist will develop a strategy that can be used to strengthen the implementation of Labor Code Article 134 and DOLE DO 56-03.

Sub-task 1.1.3: Work with the training specialist in training the HR associations in strategy implementation. The strategy will then be translated into a training tool that will be initially given to HR associations.

Task 1.2: Expand the range of PhilHealth FP benefits

Sub-task 1.2.1: Support meetings of HR associations on developing an action plan on how to expand the range of FP benefits. The policy team will support meetings of HR associations (which were previously engaged in Component 1 activities) on how to expand the range of PhilHealth FP benefits. The health finance specialist will be consulted to achieve harmony in the proposed benefits package that will result from the action plan.

Sub-task 1.2.2: Support HR associations' implementation of the action plan. The policy team will provide technical assistance in the implementation of the developed action plan. The implementation of the action plan may also be in conjunction with the activities of the health finance and the outreach specialists, as well as with the Component 1 activities.

Sub-task 1.2.3: Support HR associations in the drafting and promotion of the expanded FP benefits. The policy team, with the health finance specialist, will provide technical assistance to HR associations in the drafting and promotion of the proposed expanded FP benefits packag

Task 1.3: Establish/improve company FP policies

Sub-task 1.3.1: Identify the status of workplaces with regard to having FP policies. To gauge the workplace FP policy environment, the policy team with the Component 1 team will look into the workplaces that have engaged in Component 1 activities and the existing materials/surveys on companies on whether they have FP policies or not.

Sub-task 1.3.2: Work with the component and the outreach and gender specialists in developing a strategy that will establish new and/or improve existing FP policies. The strategy will be developed to aid HR associations to either create FP policies or improve existing ones.

Sub-task 1.3.3: Work with the training specialist in training HR associations to use the strategy. The policy team with the training specialist will transfer the technology to target HR associations.

Task 1.4: Conduct policy analysis on a parallel DOLE DO for companies with 200 or fewer employees

Sub-task 1.4.1: Review all pertinent materials. The policy team will gather and assess all pertinent

materials related to the number, nature, and needs of micro/SMEs in the country.

Sub-task 1.4.2: Produce an analysis of policy options. Assessment of the micro/SME materials will be translated into a preliminary analysis of policy options, which will be developed in consultation with the Component 1 team.

Sub-task 1.4.3: Convene an experts' panel to consider the results of the analysis. An experts' panel composed of the SME associations, the academe, and DOLE will be convened to validate and consider the results of the analysis.

G1a2. Component 2 Policy Activities

Task 2.1: Streamline existing BFAD registration procedures

Sub-task 2.1.1: Identify and engage TA experts to work with DOH/BFAD in the development of modified registration procedures, including the revival of the "urgent lane" registration. The grants specialist and the policy team will identify and engage TA experts to work with the National Drug Committee, DOH/BFAD and other stakeholders. The TA experts will implement an action plan that will generate stakeholders' inputs in the development of modified registration procedures, including the revival of the "urgent lane" registration.

Sub-task 2.1.2: Support TA experts in drafting the proposal. The policy team will provide technical assistance in the drafting of the proposed procedure.

Sub-task *2.1.3: Support TA experts in presenting the draft for validation by stakeholders.* The policy team will support validation workshops that will be conducted by the TA experts.

Task 2.2: Facilitate the expansion of PNDF OC formulations

Sub-task 2.2.1: Coordinate with Component 2 team for policy agenda review. The policy team will work with the Component 2 team in considering the Component 2 policy agenda.

Sub-task 2.2.2: Continue support for ongoing meetings with DOH/BFAD and pharmaceutical companies as regards inclusion of additional formulations in the PNDF. The policy team will provide technical assistance to the continuous meetings of pharmaceutical companies with DOH/BFAD that will lead to the inclusion of more OC formulations in the PNDF.

Task 2.3: Re-classify OCs as "non-ethical" products

G1a3. Component 3 Policy Activities

Task 3.1: Accredit BEST training curriculum for midwives

Subtask 3.1.1: Support ongoing outreach activities to facilitate the signature of the pending DOH AO accrediting training programs for midwives. Meetings to facilitate discussions between DOH/HHRDB and PRISM are under way. The policy team will continue to coordinate with DOH on fast-tracking the signature of the pending AO that will accredit training programs for midwives.

Subtask 3.1.2: While waiting for the AO, work with DOH/HHRDB to certify the ongoing BEST

trainings as "meeting DOH standards." After the revision of the training module, the policy team will facilitate efforts to formally certify (at a minimum) the ongoing BEST trainings.

Task 3.2: Produce tiered accreditation scheme for midwives by type of private practice

Subtask 3.2.1: Review pertinent materials. The policy team, together with the Component 3 team and the health finance specialist, will gather and review pertinent materials as well as midwives associations' views and needs concerning tiered accreditation.

Subtask 3.2.2: Produce option analysis. The option analysis will address whether there is a need for tiered accreditation, the impact when such scheme is put in place, and the operationalization issues.

Subtask 3.2.3: Support consultative meetings with midwives associations in assessing the need to develop a tiered accreditation scheme. Meetings with midwives associations are aimed at sharpening the analysis and planning consequent actions.

Subtask 3.2.4: Support the midwives associations to work with DOH/BHFS to develop the tiered accreditation scheme. The policy team, together with the health finance specialist, will provide technical assistance in developing the tiered accreditation scheme.

Subtask 3.2.5: Support outreach activities for the DOH/BHFS approval of the tiered accreditation scheme. With the outreach specialist, the policy team will support activities of midwives associations toward DOH/BHFS accreditation of the scheme.

Task 3.3: Specify "FP services" in IRR of RA 7392

Subtask 3.3.1: Identify policy champions. The policy team will identify policy champions that have the necessary influence to gather support for the amendment of IRR RA 7392.

Subtask 3.3.2: Provide support to policy champions' outreach activities to amend IRR of RA 7392. Together with the outreach specialist, the policy team will provide support to leveled activities that seek to unify stakeholders' intention of amending the IRR of RA 7392 to specify which "FP services" can be administered by midwives.

Subtask 3.3.3: Provide technical assistance to midwives associations in drafting the amendments. The policy team, together with the gender specialist, will provide technical assistance to midwives associations to ensure an improved, gender-sensitive draft.

G1b. Health Finance

The Philippines relies on four major financing sources for family planning: government, donors, NGOs, and households. Social health insurance, through the Philippine Health Insurance Corporation (PhilHealth), contributes a negligible amount. PRISM will work actively to develop the already growing role of PhilHealth as a new and potentially more robust funding source.

Working through the three components, the health finance specialist will identify opportunities to increase utilization of existing FP benefits of PhilHealth, to expand PhilHealth FP benefits beyond bilateral tubal ligation and vasectomy or voluntary surgical services (VSS), and to broaden the PhilHealth FP provider network through improvements in accreditation procedures and policies. The

Health Finance Specialist will spearhead leadership in the following areas:

- *Increasing utilization of existing FP benefits of PhilHealth*. Claims data on PhilHealth FP benefits reveal extremely low utilization rates. Studies as well as information gathered by PRISM in various meetings and workshops indicate that these low rates can be explained partially by lack of information on the part of employers, providers, and clients. To address this, PRISM will work with the Corporate Communications Group of PhilHealth, and in cooperation with partner groups of Component 1 (PCCI, ECOP, PMAP, Phil INC.), Component 2 (DSAP), and Component 3 (IMAP, NCR Foundation, PLGPM, PAFP), to produce and disseminate materials targeting the specific stakeholders of the components and facilitating their access to PhilHealth FP benefits. This subtask is expected to be key to increased use of PhilHealth as an FP financing mechanism for the workplace.
- *Expanding FP benefits beyond IUD insertions and VSS*. Within Component 2, efforts will be made to link pharmaceutical companies and drugstores to PhilHealth-financed purchases of hormonal contraceptives which are now limited to LGUs enrolled in the PhilHealth Sponsored Program and that can use a portion of their capitation fund to buy drugs registered in the PNDF or the PhilHealth Positive List and to midwives accredited for the PhilHealth Maternity Care Package who can dispense FP products for postnatal care. For the overall project, the health finance specialist will work with the policy specialist on studies and technical assistance for PhilHealth on the expansion of its FP benefit package to include hormonal contraceptives.
- *Broadening PhilHealth FP provider network through improvements in accreditation procedures and policies*. Work for this objective has both operational and policy dimensions. Work on operational dimension will focus on the third component as modules on PhilHealth accreditation procedures for the Maternity Care Package are developed and included in the advanced BEST training sessions. Assistance will be provided to BEST midwives seeking accreditation through tools that can support their applications as well as access to loans, in cooperation with Banking on Health project, to finance the required upgrades of their facilities. For the policy dimension, the health finance specialist will work with the policy specialist on revising the accreditation requirements of ambulatory surgical clinics in the workplace and developing “tiered” accreditation requirements of midwife facilities in order to expand the network of PhilHealth-accredited facilities that can support its FP benefits.
- *Expanding private health insurance coverage of FP*. The work on expanding health maintenance organization/health insurance company (HIC) benefit packages to include FP will begin with an environmental scan of HMOs and HICs: their current offerings as well as client preferences. Using the results of the scan, roundtable discussions will be designed and conducted among pertinent stakeholders. These discussions will be used to showcase existing FP packages in the industry and to develop action plans as well as new models for expanding private insurance coverage of FP.

In addition to these, the health finance specialist will support specific tasks in each of the components.

G1b1. Component 1 Health Finance Activities

Task 1.1: Support partner organizations in FP information dissemination and capability building

For this task, a network of employer groups, e.g., Philippine Chamber of Commerce and Industry (PCCI), Employers Confederation of the Philippines (ECOP), Philippines Incorporated (Phil Inc.), and Personnel Management of the Philippines (PMAP) will be created. This network will then liaise with PhilHealth on issues ranging from information dissemination on PhilHealth FP benefits to strategies on how to better use PhilHealth as FP financing mechanism for the workplace.

Task 1.2: Support expansion of health insurance coverage to include FP services

The work on expanding health maintenance organization (HMO)/health insurance company (HIC) benefit packages to include FP will begin with an environmental scan of HMOs and HICs: their current offerings as well as client preferences. Using the results of the scan, roundtable discussions will be designed and conducted among pertinent stakeholders. These will showcase existing FP packages in the industry and develop action plans as well as new models for expanding private insurance coverage of FP.

G1b2. Component 2 Health Finance Activities

Task 2.1: Improve the policy enabling environment for commercial marketing

For this task, the work at hand is to link pharmaceutical companies and drugstores to the new markets being opened by PhilHealth: (1) LGUs enrolled in the PhilHealth Sponsored Program and who can use a portion of their capitation fund to buy drugs registered in the PNDF or the PhilHealth Positive List, and (2) midwives accredited for the PhilHealth Maternity Care Package.

G1b3. Component 3 Health Finance Activities

Task 3.1: Coordinate with PhilHealth for midwives' accreditation for services and facilities

In cooperation with the Corporate Communications Group of PhilHealth, modules on PhilHealth FP benefits and accreditation will be developed for the Advanced BEST training sessions. Assistance will be provided to BEST midwives seeking accreditation through tools that can support their applications.

Task 3.2: Develop and implement BEST for Midwives Microfinancing Linking Scheme

Linkages of midwives to financial institutions will be made, in cooperation with Banking on Health project, starting with the rural bank network of MABS. Appropriate financial institutions will be identified, as well as potential midwife entrepreneurs and once lending takes place, a monitoring plan will be installed by PRISM.

Task 3.3: Design and implement sustainability plan for the BEST program

Work will start on the design and initial implementation of a financial sustainability plan for BEST training through partnerships with midwife associations. First, the cost structure of BEST training sessions in year 1 will be studied. Recommendations on how to reduce and/or recover costs will be developed, with full financial sustainability of the training by end of PRISM project life as the objective. Recommendations that can be pursued in year 2 will be implemented.

Task 3.4: Collaborate with PhilHealth on promotional or informational drives targeted to MDs/MD associations

Physician awareness of PhilHealth FP benefits will be targeted through the development and distribution of materials that address current attitudes and behavior of physicians with respect to PhilHealth FP reimbursements.

The health finance specialist will also provide needed support to the policy initiatives of PRISM.

G1c. Monitoring and Evaluation

In the first year, M&E activities focused on the development of a performance monitoring plan (PMP) containing the project's performance indicator system, targets, and baseline information; development of a strategic implementation plan (SIP), outlining PRISM's Year 1 area and component focus and assisting component units to undertake baseline and assessment studies. In the second year, the M&E specialist anticipates an intensification of project activity and therefore is expected to further support PRISM management and component units by facilitating continuing data collection, analysis, and reporting of project progress from the project's regional teams and implementing partners. This will require the establishment of field-level M&E structures and processes and development of an information system to organize and analyze information from various sources. In addition, the M&E specialist will assist in the evaluation of initial training programs for midwives and workplace FP installations to improve these programs for replication activities in Year 2.

Task 1: Establish field- and partner-level monitoring systems

Part of the PRISM strategy is to build capacity and to involve major partners in the planning, implementation, monitoring, and evaluation of project activities. Information on project progress at different levels will require the development, installation, and operationalization of M&E sub-systems within partner organizations, provincial units, and grantees. These systems will enable project implementers to track, analyze, and report progress against planned results. For PRISM, these sub-systems will allow timely consolidation of service- or area-level reports for the purpose of determining overall project progress, performance review, and planning.

PRISM will provide technical assistance to establish the M&E capability and systems at different levels (partner, service, provincial, and regional PRISM office) that will be needed in collecting and analyzing project information. Service-level systems will capture information from the various service delivery points such as institution-based clinics, midwives, pharmacies, and NGO provider networks.

Sub-task 1.1: Establish monitoring system for major partner associations and service providers. To implement a system for data collection and analysis among partner associations and service providers, PRISM will establish sub-systems that will monitor progress and evaluate results of activities such as training, FP installation, and technical assistance. Service-level monitoring systems also will be installed to capture FP service provision by provider groups as well as service utilization information.

At the project management unit, a system for consolidating reports from associations (PCCI, ECOP, PNGOC, IMAP, DSAP) will be developed and integrated into PRISM's information systems.

Sub-task 1.2: Establish provincial progress monitoring system. Provincial-level progress monitoring systems will be established among partner LGUs and/or PRISM field coordinators. The M&E specialist will prepare M&E plans together with local partners, develop reporting systems, and train M&E point persons. Local M&E plans will capture information on activities and results across all components at the area level.

Sub-task 1.3: Develop grants monitoring and evaluation system. Together with the grants manager, the M&E specialist will develop standardized forms for reporting and consolidating grantee accomplishments and deliverables. The M&E specialist will be involved in the preparation of the individual monitoring and evaluation plans of grantees and sub-contractors as well as reporting systems.

Task 2: Conduct assessments of component activities

This task will focus on evaluating the effectiveness of ongoing pilot activities – specifically the BEST training program, workplace FP installation process, referral system development, outreach activities, and contraceptive distribution. An assessment of the initial establishments targeted by PBSP for FP program installation also will be conducted to determine the need for further refinement of the program prior to replication in succeeding quarters.

Sub-task 2.1: Assessment of BEST Program (batch 1 BEST trainees). The evaluation of the initial batch of the BEST training program will help determine whether the BEST training objectives have been met and whether there is a need to improve the training modules. A diagnostic write-shop will be undertaken after the assessment activity. The assessment will be subcontracted to an external research group using assessment tools developed by PRISM.

Sub-task 2.2: Assessment of 2005 contraceptive market. PRISM relies on IMS information on the state of the contraceptive market and the results of project interventions with pharmaceutical companies, distributors, and drug outlets. Within the second quarter, information from the IMS 2005 will be procured and analyzed at the project level with an eye toward movements in sales, volume of contraceptives sold, brand market shares, and public-private distribution points. Information from IMS reports will be correlated with field-level activity reports from DSAP. Information derived from the assessment will be disseminated to pharma companies and DSAP.

Sub-task 2.3: Assessment of workplace program activities. PRISM will work with PBSP to undertake an assessment of the initial workplace programs installed in five establishments. The M&E specialist will assist in the preparation of the assessment tools and analysis of findings. The results of the studies will contribute to the development of "how-to" manuals that will be used for replication activities.

Sub-task 2.4: Conduct of a customer service assessment (CSA). Within the first quarter of Year 2, PRISM will conduct a rapid retrospective appraisal through key informant interviews among two customer groups involved in Year 1. This will involve the development of customer assessment design, data collection, and analysis tools by September 2005. Activities to disseminate the assessment findings and recommendations will be conducted by early 2006. Results from the study also are expected to influence the review of PRISM's PMP as well as the annual strategic plan of the project. PRISM will conduct the CSA again with three pre-defined customer groups in the PRISM CSP starting May 2006 and complete the second customer service assessment in time to inform Year

3 work planning in August 2006.

Task 3: Support development and maintenance of PRISM's information systems and database

PRISM will develop a PRISM information system to organize data acquired from various sources such as baseline data, reference datasets, surveys, activity reports from partners, and service delivery information from PRISM trained provider networks. This will facilitate the profiling of project areas, monitoring of project outputs and area coverage, and consolidation of all project information for purposes of reporting, decision-making, and planning. When completed, the system will be the foundation for the development of a GIS- and Web-based information system that will be completed within the fourth quarter of the year. Activities for this task will be conducted together with the HMIS manager and implemented by a subcontractor.

Sub-task 3.1: Development and installation of PRISM information system. PRISM has contracted a group of experts to organize all project information into a central information database. Current activities will spill over in Year 2 to include updating of the database with information gathered from ongoing surveys and field-level reports coming from the M&E sub-subsystems. When completed, the system will be able to generate profiles of strategic areas targeted for both Year 1 and Year 2.

Sub-task 3.2: Development of a GIS information system. The PRISM information system will become the foundation for the development of a GIS information system. A subcontractor will be identified to develop the GIS design and prototypes. The system will be integrated with the MAP decision tool to facilitate data analysis.

Task 4: Contribute to periodic reviews of progress and performance

The planned development and installation of partner- and area-level progress monitoring systems within the first quarter of the year will provide consolidated reports for succeeding quarterly and annual progress monitoring. Field reports will be processed through the project information system and consolidated and analyzed. These reports will be disseminated to PRISM partners, USAID, and other CAs through periodic performance reviews and stakeholder meetings.

Sub-task 4: Preparation of periodic PMP reports. Part of the routine task of the M&E specialist will be to support the preparation of PMP reports and other progress monitoring reports. Periodically, the M&E specialist together with the HMIS manager will consolidate activity reports from various sources: partner associations, training partners, grantees, subcontractors, and national surveys and independent studies conducted by PRISM. The results of these will become the basis for updating the project's PMP.

Sub-task 4.2: Support to preparation of Year 3 work plan. The M&E specialist and the HMIS manager will support component managers in the annual review of component accomplishments. The M&E specialist will assist in the analysis of accomplishments and provide status reports on project outputs (e.g., number and distribution of trained midwives, number of installed FP workplaces relative to the FP index, contraceptive distribution trends, etc.).

Task 5: Gather data for Year 3 additional project sites

M&E will spearhead additional baseline data-gathering for Year 3 provinces. This will involve the

conduct of surveys in existing as well as additional SIP sites to identify and profile other firms, midwives, private practitioners, and drugstores. The output of these studies will be used for planning and targeting of Year 3 strategic areas.

G1d. Health MIS

Task 1: Develop and maintain information systems and databases

Sub-task 1.1: Design and development of business intelligence system/information system. The development of PRISM's information system began in Year 1 and will continue through the first quarter of Year 2. A team of database consultants has been hired to design and develop the system application to view, edit, update data, and generate reports.

Sub-task 1.2: Training and assignment of information centers for updating database. When the information system has been developed, the HMIS specialist will assign PRISM staff and partners specific responsibilities for collecting data and updating the database on a regular basis. Trainings for information focal persons and PRISM staff will be conducted in December 2005.

Sub-task 1.3: Generate quarterly database reports. By March 2006, when the information system has had data inputs from PRISM component activities, as well as baseline information, quarterly database reports will be generated to facilitate internal monitoring and reporting of project progress and activities.

Sub-task 1.4: Generate SIA/provincial profiles for current and potential SIAs. By January 2006, the HMIS specialist will generate provincial profiles for Year 1 and Year 2 strategic intervention areas from PRISM's information system. These provincial profiles will include the following information for a specific province/area: baseline socioeconomic and demographic indicators and a list of and contact information for pertinent LGUs; companies/business establishments; drugstores, pharmacies, or Botika ng Bayan; doctors (family physicians, GPs, OB-gyns); midwives; and pharmaceutical distribution outlets/offices. Provincial profiles of potential SIA areas will be generated by August 2006 to facilitate decision-making for PRISM's geographic focus for Year 3. Likewise, provincial profiles and status reports will be generated to assess project progress and activities in a specific area.

Sub-task 1.5: Develop system enhancements for PRISM MapDecision. Within the first half of Year 2, enhancements to PRISM MapDecision will be developed. The system enhancements will accommodate mapping requirements resulting from data needs assessment of PRISM components, groups/units, and partners/stakeholders conducted in August 2005.

Sub-task 1.6: Integrate data warehouse to PRISM MapDecision. During the development of PRISM's information system, HMIS and IT specialists will facilitate collaboration between the database consultants and EMI, the developers of MapDecision, with the objective of linking and/or integrating the two systems. The integration will continue from October to April 2005.

Sub-task 1.7: Integrate data warehouse to MME. Parallel initiatives and collaboration to link and/or integrate PRISM's information system to the Monitoring, Management, and Evaluation (MME) System will also be conducted from October to April 2005.

Task 2: Develop long-range IT/MIS strategies and programs

Sub-task 2.1: Develop plans and strategies for sustainable IT/MIS solutions/operations. In consultation with project partners and stakeholders, PRISM will develop plans and strategies for sustaining data collection and upkeep and utilization of PRISM information system, in full or in part. This activity is crucial in the early stages of PRISM information systems development in order to anticipate and set information systems that will be attuned to the needs of users who will take on the system after 2009. IT/MIS plans and strategies will be developed during the first quarter of Year 2.

Sub-task 2.2: Identify and involve/consult PRISM partners and stakeholders that will sustain MIS/IT operations beyond 2009. Within the first quarter of Year 2, PRISM will identify and involve/consult partners and stakeholders who will take on and sustain the information system.

Sub-task 2.3: Develop infrastructure/tap partnerships for sustainability. With the identification of partner(s) to sustain the system, there is a need to develop infrastructure or tap partnerships or organizations to establish linkages for partners/stakeholders to access relevant parts of the PRISM information system.

Sub-task 2.4: Install/implement sustainable MIS/IT strategies and programs. Once partners and IT solutions have been identified, the installation and implementation of sustainable MIS/IT strategies and programs will be initiated in 2006. This timetable envisions that training of key partners and stakeholders that will take on the system will be conducted in 2007, after which parallel administration of MIS operations by PRISM and identified MIS heir(s) will happen in 2008 and that by the beginning of 2009, the MIS operations will be turned over to identified stakeholders.

G2. Communications Unit

The Communications Unit consisting of the Communications Specialist, BCC Specialist, and Outreach Specialist is responsible for managing the production and development of the project's communication and marketing products.

It will take charge of documenting key activities of the project and submitting such documentation to USAID. Likewise, it will ensure that all project publications such as discussion papers, IEC materials, and other communication materials are screened and approved by USAID for distribution.

In promoting FP, the Communications Team, under the guidance of the component directors, will always "work through, don't do." Champions in the workplace, in the pharmaceutical / drugstore sector, and among the private providers will be identified and harnessed to generate and strengthen acceptance of FP. The promotion of FP will include all methods and communication materials will be 1) method-specific in order to ensure consistency in messages as well as 2) evidence-based in order to be compelling.

G2a. Outreach

PRISM calls for focused information dissemination/outreach (FIDO) strategies and corresponding activities in all of the three components. For family planning outreach, the work plan calls for PRISM project component directors and area managers to act as promoters to achieve their objectives (see Section H1). This work will be coordinated by the PRISM outreach specialist. Outreach is an integral part of the project and requires that managers and partners alike act synergistically. This will enhance the impact of project deliverables to institute positive individual as

well as corporate behavioral change toward family planning and health through the components.

While it is important that focused information dissemination/outreach happens in all three components, we also know that there are cross-component concerns that need focused information dissemination/outreach, thus creating synergies to increase impact of project activities.

G2a1. Component 1 Outreach Activities

Task 1.1: Build on network and database established with business associations (Employer and Labor) previously committed to population and FP

For this task, our outreach-trained business association groups (companies) and corresponding labor groups will be clustered according to sector (e.g., manufacturing, services) and firm size (i.e., less than or more than 200 employees) to develop cluster outreach strategies and activities to enhance FP workplace program installation for those without and continuance for those that have existing programs.

Task 1.2: Support focused information dissemination/outreach (FIDO) strategies by business associations/labor groups and their members – ECOP, PCCI, PhilExport, and Phil Inc. for business and TUCP, FFW, APL, and TUPAS for labor

For this task, we will be replicating the PRISM outreach training modules that we did for national training of trainers (TOT) and its corresponding rollout in partner business associations and labor groups in Year 1 SIP areas. This will be replicated to three Year 2 SIAs covering 20 strategic business associations and labor groups as a strategy in negotiating for WPFP program installation.

In addition to this task is the conduct of a prospective operations research (24 months) on the cost - benefit analysis of installing an FP in the workplace, using the PCPD model (in cooperation with our M&E and HMIS specialists) among strategically identified business groups (companies).This will be subcontracted as a short-term consultancy to a research group. It is expected to inform evidence-based outreach strategies and activities in aid of influencing CEOs and business leaders about the positive effects of WPFP program installation.

Task 1.3: Support business association policy dialogue and FIDO on key FP in the workplace issues

For this task, business associations from the ECOP-lead Yearr 1 RTDs on labor-management associations will be given technical assistance to formulate FIDO operational action plans to aid in installing WPFP programs. We will further train a pool of identified FP champions form SIP Year 1 and SIP2 areas and who will push for outreach activities in their spheres of influence to aid WPFP program installation and continuance.

Task 1.4: Support innovative FP workplace approaches and FP best practices

For this task, technical assistance and grants will be given to least two institutions to document innovative outreach approaches used to promote commitment to installing WPFP program best practices. This is expected to help in its replication in other SIP areas.

Task 1.5: Build on established FWC in HRD associations

For this task, technical assistance and training will be given to human resource manager (HRM) associations (three per region) in the SIP Year 2 areas on PRISM (FIDO) outreach training/modules as identified potential WPFP program implementers

Task 1.6: Build on support for population and FP interests that emerged from labor-employee summit

For this task, technical assistance on PRISM (FIDO) outreach training/modules and strategies will be given to the employer-labor management technical working group (formed and led by ECOP) to aid in installing WPFP programs.

Task 1.7: Build on RTDs with business leaders, employers to promote expanded insurance coverage of FP

For this task, the outreach specialist (together with the communications unit and the BCC specialist) will provide technical assistance to the TWG (in 1.6) to integrate FIDO outreach messages in the IEC development of the communications unit toward increasing FP health insurance coverage in the business sector. Further to this, the outreach specialist will help integrate FIDO strategies for PHIC-business TWG to encourage expanded FP health insurance coverage.

G2a2. Component 2 Outreach Activities

Task 2.1: Support outreach strategies and activities of partners in the pharmaceutical industry to enable the policy environment for commercial marketing

For this task, technical assistance will be provided to integrate FIDO activities and strategies into action plans of partner pharmaceutical firms to increase contraceptive availability in the market. We also will work with the policy unit to identify FIDO strategies for listing new brands in the PNDF.

Task 2.2: Support development of FIDO strategies to include in the training modules for DSAP pharmacy partners

For this task, we will work with the DSAP to help incorporate FIDO modules into the existing DSAP provider training modules to enhance outreach strategies in providing FP advice in our DSAP training program.

G2a3. Component 3 Outreach Activities

Task 3.1: Support the incorporation of module on outreach strategies in the BEST program

For this task, technical assistance will be given to IMAP to integrate outreach strategies in the BEST for Midwives advanced training modules as part of its overall business plans. Further to this would be the integration of outreach messages (developed with the communications unit and the BCC specialist) in service provider IEC materials.

Task 3.2: Support institutionalization of an FP service provider referral network

For this task, outreach workshops will be incorporated (together with the Component 3 team) into the scheduled quarterly coordinative workshops to discuss and identify barriers and enabling factors for outreach strategies and activities in promotion of a smooth referral system. The outreach specialist also will provide, through IMAP, technical assistance to the BEST graduates to operationalize identified outreach strategies to enable a smooth referral system.

The outreach specialist will develop further outreach strategies in support of other PRISM policy initiatives.

G3. Forging Partnerships through the PRISM Grants Program

Initially, PRISM partnerships with non-government organizations are based on MOUs which broadly define the commitment of PRISM and its partners to work towards common goals. The translation of the commitment into actual projects which engage private sector participation in PRISM takes place through the grants program implemented by local partners at the project SIAs. The grants program was established in the third quarter of Year 1. A grants manual, which contained a full description of the policies and procedures in implementing PRISM's grants program, was developed and finalized.

After an interim approval to implement was secured from USAID, the first call for application (solicitation) was issued in July 2005. This officially marked the beginning of grants program implementation. Since then, four more solicitations were issued, for a total of five. These solicitations called for applications to support the following objectives:

- Establishment and maintenance of workplace FP program.
- Marketing of medium- to low-priced contraceptive brands in the Philippines.
- Sustaining commitment to family planning in the workplace through an excellence award.
- Local manufacture of medium- and low-priced hormonal contraceptive brands in the Philippines.
- Expansion of family planning services in the private sector.

In order to assist potential partners in preparing proposals or applications, a series of write-shops – workshops focused on training institutions how to write a grant application – were held in Manila, Davao, and Cebu in July 2005. Through these write-shops, potential applicants were oriented on the PRISM grants processes, the forms to be used, and the guidelines to be followed. These write-shops will continue in Year 2, targeting organizations that were missed in the first run.

The selection process for the five solicitations will be completed in September 2005, and at least ten awards are expected to be made. The grant recipients will start implementation in October 2005. Thus, the completion of the grant-making process for the five solicitations issued in Year 1 will be realized in Year 2.

Five more solicitations will be issued in Year 2. However the approach in issuing solicitations will be modified. Instead of concentrating on a national level call for applications, specific grant solicitations will also be issued at the regional and strategic intervention levels. This approach will ensure that locally focused initiatives for private sector family planning expansion are given due importance and initiatives to build local capacities are supported.

The Year 2 solicitations will focus on the following themes:

- Establishment of workplace family planning program in conglomerate companies.
- Establishment of workplace family planning programs in companies located in the Strategic Intervention Areas.
- Linking contraceptive distributors to the local government units' procurement system (LGU)
- Expanding private sector family planning service provision in specific Strategic Intervention Areas.

A total of 50 grant awards are estimated to be finalized in Year 2. A grants conference highlighting innovative ideas generated through the grants program will be held in the last quarter of Year 2. On-site validation visits and review of progress reports will be conducted as part of monitoring efforts among grant recipients. Quarterly reports will be prepared to document the findings of the monitoring.

G4. Respond to Reporting Requirements (Task 4.8)

Activities that cut across components include tasks related to complying with the requirements contained in the PRISM contract between Chemonics and USAID. These include:

Sub-task 4.8.1: Submit PRISM Year 2 work plan. The final draft of this document, the Year 2 Work Plan and accompanying budget, will be submitted for final review to USAID on September 7, 2005.

Sub-task 4.8.2: Submit PRISM Year 3 work plan. The third-year work plan and accompanying budget will be submitted 30 days before the end of USAID's operating year, i.e., by August 31, 2006. As required in the contract, the third-year work plan will cover the 15-month period October 1, 2006 through December 31, 2007.

Sub-task 4.8.3: Submit quarterly reports within 45 days of end of quarter. As required in the PRISM contract, Chemonics will submit quarterly reports to USAID within 45 days after the last day of each quarter. The second year's fourth quarterly report will be combined with the annual report at the end of Year 2 as per subtask 4.8.4 below.

Sub-task 4.8.4: Submit annual/fourth quarterly report. In November 2006, within 45 days of the end of the year, the PRISM team will submit the second annual report covering the second year of operation. As agreed upon with USAID, this report will also serve as the fourth quarterly report.

G5. Strategic Intervention Areas (SIAs)

In order to guide achievement of its national mandate in an efficient manner, in Year 1 PRISM designed a methodology to identify strategic opportunities to roll out activities. Applying a set of six criteria, a total of 13 provinces and cities were selected as Year 1 strategic intervention areas (SIAs), five in Luzon and four each in Visayas and Mindanao. In Luzon these are the National Capital Area (including all its sub-areas), Pampanga, Cavite, Laguna, and Pangasinan. In Visayas, these are Metro Cebu, Iloilo City, and Bohol, and in Mindanao these are Metro Davao, Cagayan de Oro City, Davao del Norte, and General Santos City. During Year 2, PRISM will implement activities in each of these Year 1 SIAs according to work plans completed during Year 1.

Criteria for selecting Year 2 SIAs to be assessed are:

- *Batch 1 or 2 DOH phase-out*: This criterion is based on DOH's segmentation of provinces into batches for phase-out of donated contraceptives. Batch 1 provinces are being phased out soonest and batch 3 provinces will be phased out latest.
- *Presence of one or more industrial estates or an economic processing zone (EPZ)***:** This is a new criterion added for Year 2 SIA selection. It is based on the assumption that these estates and zones offer better opportunities for project impact than dispersed business environments.
- *Medium to large population with an average to high CPR*: This criterion has been modified from its Year 1 use to identify private sector market opportunities not only in areas where contraceptive prevalence is high, but also in areas with a low-performing public sector family planning program which can result in lower than average contraceptive prevalence.
- *Low/medium poverty rate*: This criterion remains the same as it was conceived and applied during project yYear 1 planning.
- *Urban or regional center/seat of government in the province:* These are defined as provinces that are either 40 percent urbanized or more or are administrative centers of their respective regions.
- *LEAD is present*: This criterion remains the same as it was applied during the project Year 1 planning. The presence of the TSAP-FP project is also considered but is not a deciding factor.
- *LGU level of support to FP*: This criterion remains the same as it was conceived and applied during project Year 1 planning.

Based on these criteria, PRISM has selected an additional 16 SIAs for Year 2 consideration. New SIA candidates for Luzon are Bagiuo City, Batangas, Bataan, Bulacan, Nueva Ecija, Tarlac, and Rizal. In Visayas, PRISM will assess the potential to expand Year 1 activities in Metro Cebu and Iloilo City to the rest of these provinces. Leyte and Negros Oriental will also be assessed. In Mindanao, the potential to expand from General Santos City to the multi-province SOCSKSARGEN region (which includes South Cotabato, Sultan Kudarat, and Sarangani) will be explored. PRISM also will explore expansion of activities in Cagayan de Oro City, a Year 1 SIA, to include Misamis Oriental province, in which it is located. Agusan del Norte and Bukidnon will also be assessed as potential Year 2 SIAs. Additionally, as an early test of the potential for PRISM activities in a DOH CSR batch 3 area where the contraceptive prevalence is lower and the poverty rate is higher, PRISM will conduct an assessment in the Autonomous Region in Muslim Mindanao.

G5a. Entering new SIAs

One PRISM staff person will be designated to lead assessment and integration of each new SIA into the project. In October, PRISM produce a master schedule for new SIA assessments, and most assessments will be completed during the first quarter of Year 2. The PRISM SIA leader will identify a team to participate in the assessment, coordinate definition and implementation of an SIA-specific assessment plan, and analyze information from assessment activities. Assessment results will provide the basis for determining whether to pursue implementation of integrated PRISM activities is all or part of the area. For those SIAs (or parts thereof) where assessment results warrant designation of full SIA status, the SIA team leader will oversee consultations with local stakeholders, leading to production of a work plan. The team leader also will oversee recruitment of a SIA FP coordinator, who will be responsible for implementation of the work plan. Implementation activities (e.g., installation of workplace FP programs, evidence-based training for contraceptive product detailers,

and *BEST* for Midwives training) will commence as work plans are produced and finalized and FP coordinators are hired. PRISM programs and activities will be SIA-based and SIA-specific in order to be truly responsive to SIA requirements. Grants assistance will also be customized for this purpose.

G5b. Critical Support Assumptions in the SIAs

Undertaking SIA assessments, creating work plans for SIAs, and implementing those plans is an intensive process requiring the support and participation from a range of stakeholders. This section summarizes the kinds of support required from key stakeholder groups.

With regard to USAID, it is assumed USAID will:

- Facilitate collaboration and cooperation with other cooperating agencies operating in SIAs.
- Share relevant data and information about SIAs, such as from previous USAID projects, and provide information about potential partners in advance of assessments.
- Participate in selected SIA assessments and review assessment outcomes and conclusions.

It is assumed that DOH will:

- Provide PRISM with up-to-date information on donated contraceptive products provided to LGUs.
- Continue to support endorsement of the *BEST* for Midwives training course by the regional CHD offices.
- Encourage CHD offices to conduct outreach to LGUs in support of putting targeting mechanisms in place that encourage non-poor FP clients to seek private sector services.
- Support development and implementation of referral mechanisms for public sector FP providers to facilitate shifting non-poor FP clients to private sources for services and products.

The following assumptions are made about support from other stakeholders and partners:

- Local midwives associations will contribute to *BEST* for Midwives activities by actively identifying and recruiting training candidates and by building capacity to provide ongoing support to midwives who complete *BEST* training.
- Local drug store associations and owners will contribute to PRISM training programs by supporting pharmacists' and clerks' participation.
- Local businesses, private provider groups, and NGOs will respond to RFAs by submitting grant proposals of sufficient quality to qualify for funding.

Section H. Links with Other SO3 Projects and Significant Donors

Below we present details on how PRISM will work with other SO3 projects and significant donors.

H1. LEAD for Health

PRISM has developed a joint work plan with the LEAD for Health project, a significant partner of PRISM in the implementation of activities in support of the contraceptive self-reliance strategy of DOH. That plan specifies each project's respective roles and leadership activities.

One of the criteria considered in identifying PRISM Year 1 strategic intervention areas is the presence of the LEAD for Health project in that area. Opportunities for expansion of private sector FP services are greater in provinces, cities and municipalities that are partnering with the LEAD for Health project. In selecting year 1 strategic intervention areas, PRISM also prioritized working in DOH-designated batch 1 and batch 2 phase out areas for commodity donations. Some LGUs in these areas have mobilized budget resources that plan to allocate resources to purchase contraceptive commodities, PRISM will link work with LEAD to link those LGUs to the our market development partners as more affordable brands are introduced into the market and to establish referral networks and procedures for LGUs that intend to refer non-poor FP clients away from public sources.

LEAD has been designated as the Mission's lead cooperating agency for policy activities in population and family planning. In its first year, PRISM extended technical assistance to develop the 10-point policy agenda of the Department of Health. The agenda includes objectives to strengthen the private sector's role in the provision of FP products and services. PRISM will work closely with LEAD to implement the action plan to achieve the following policy objectives:

- Facilitate inclusion of new FP formulations in the PNDF.
- Streamline BFAD's new product registration process and establish a new "express lane" for low/medium-priced contraceptives.
- Strengthen enforcement of labor code provisions with respect to inclusion of FP in company health benefits.
- Expand the range of FP products and services covered in the insurance benefits packages.
- Harmonize DOH licensure and PhilHealth accreditation requirements for midwife facilities.
- Facilitate PhilHealth accreditation for private midwives.
- Revise medical and midwifery curriculum to expand provision of FP services.

PRISM and LEAD will work closely to avoid duplication, maximize resources, and promote synergy. Both projects will continue to work together to identify complementary information needs and to align sources of such information. For example, PRISM has linked LEAD with EMI Systems, PRISM's US-based subcontractor for mapping. Both projects are also subscribing to the IMS Health subscription for market data. During the negotiations with IMS, the supplier was made aware that both projects are funded a by the same donor and on that basis, IMS agreed to allow both projects to share the data for one price.

PRISM will share and seek lessons learned as each project moves forward with respective efforts to support introduction of new pharmaceutical products. For instance, LEAD is also exploring the possibility of supporting the introduction of new anti-TB drugs that will lower the cost of private sector treatment. PRISM will also coordinate with LEAD to the extent that both projects may be

working with the same national pharmaceutical firms.

H2. The Social Acceptance Project – Family Planning

Throughout its first year, PRISM has been working with the TSAP-FP project as part of CSR.com, a group composed of different cooperating agencies tasked to promote the national contraceptive self-reliance strategy to different target audiences. During year 2, PRISM will explore means to support some of TSAP-FP's initiatives that have potential value for contributing to PRISM's objectives. For instance, PRISM will explore the possibility of contributing to support for the FP consumer hotline initiative through its market development partners. We will also work with TSAP-FP to include information about new contraceptive product options available to women and men as a consequence of our market development activities in TSAP-FP's public relations and information dissemination efforts. PRISM will likewise build on TSAP-FP's interventions with labor groups by tapping these groups as potential PRISM partners to install workplace FP programs.

When possible, PRISM will share resources with TSAP-FP to foster results that are mutually-beneficial. For example, PRISM will explore adaptation of TSAP-FP's evidence-based medicine curriculum for use in training pharmaceutical companies' medical detailers and to train midwives in FP counseling. Likewise, both projects can jointly undertake research studies that will contribute to a better understanding of different service provider and consumer market segments.

H3. PhilTIPS

PRISM will continue to work closely with PhilTIPS to identify and work on areas of common concern such as PhilHealth and DOLE policy reform needs at that will bolster health workplace programs, training of workplace health staff and peer counselors, working with business organizations and provision of ongoing monitoring and support services to partner firms. Though our joint subcontracted partner, PBSP, PRISM will look to PhilTIPS for linkage with companies who already have TB workplace programs as they may likely be supportive of providing FP in the workplace as well. Both projects will also collaborate to share lessons learned in working with drugstores and service providers.

H4. Microenterprise Access to the Banking Services (MABS)

Following on to discussions conducted during PRISM's first year, we will continue to explore the mechanisms to apply microfinancing to support expansion or upgrading of private health care provider practices. This year, PRISM will define a strategy to leverage the highly successful USAID-funded MABS program's close link with the Rural Bankers Association of the Philippines (RBAP) to serve providers' needs for investment resources. . Using data obtained from PRISM's year 1 survey of midwives, our health finance specialist will work with MABS to analyze the typical cash flow and business cycle of the enterprise, determine capital needs, match those needs to an affordable loan amount and terms, and then design an appropriate loan product. Additional data needs to complete these analyses will be jointly assessed.

H5. Banking on Health Task Order under PSP

During year 2, PRISM will operationalize agreements reached with Banking on Health (BoH) project staff. To facilitate operational planning, BoH staff will observe one of PRISM's basic level *BEST for Midwives* training sessions and PRISM staff will observe at one of BoH's Financing the Private

Midwife Practice training sessions. Recognizing that both projects are tapping similar resources, PRISM and BoH will also coordinate its efforts to working with midwives' associations. The two projects will also share its databases so that BoH training participants that wish to be certified to dispense contraceptives have access to PRISM's *BEST for Midwives* training. Both projects are also in the process of defining its packages of follow-on support to midwives completing their respective training programs. PRISM and BoH have agreed to coordinate these follow-on support initiatives.

H6. PSP IQC Task Order 1 Project

The PRISM and the PSP-One projects are in the process of finalizing plans to collaborate on their respective private sector initiatives. Upon USAID approval of this plan, collaborative activities will be launched as year 2 begins.

Section I: Year 2 Budget Summary

The PRISM budget continues to undergo refinement in Year 2. A decision in the first year to expand implementation activities more quickly under the three technical components has led to accelerated projections under the salaries, training, subcontracts, and grants line items.

- *Salaries:* Rapid expansion of PRISM's national approach has allowed a targeted expansion of personnel in Manila, Cebu, and Davao offices.
- *Training:* As the project activities expand to SIA II areas, the number of workshops and trainings across components will more than double the efforts from Year 1. This also reflects the implementation of the *BEST for Midwives* training program to approximately 3000 midwives by the end of December 2006.
- *Subcontracts:* PRISM will continue to rely on its local subcontractors and partners to facilitate major activities such as surveys, training, and outreach. In Year 2, PRISM anticipates spending $1.3 million in local subcontracts.
- *Grants:* With the approval of the Grants Manual in May 2005 and the associated PRISM contract modification which allows PRISM to award grants, the grants program is expected to rapidly reach full capacity. We anticipate spending $3.2 million or roughly 64 percent of our total project grant funding by September 2006.

These changes have been reflected in a separate budget submission. Below is our budget summary by CLIN area and quarter. As requested we have provided a 15-month budget, and also included current annual progress against the PRISM contract budget and obligated funds for FY1 and FY2. The PRISM project will continue to bill CLIN expenses as programmed and will not exceed the total amount currently obligated to the contract.